2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# F01000004931

Entity Name: BATES HEALTHWORLD, INC.

Current Principal Place of Business:

498 SEVENTH AVE.
NEW YORK, NY 10018

New Principal Place of Business:

C/O WPP, 125 PARK AVE.
4TH FL
NEW YORK, NY 10017

Current Mailing Address:

125 PARK AVE., 4TH FLOOR
NEW YORK, NY 10018

New Mailing Address:

FEI Number: 13-3343927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SVPT ( ) Delete
Name: NEUMAN, THOMAS O
Address: 125 PARK AVE., 4TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VP ( ) Delete
Name: HOWE, MARY ELLEN
Address: 125 PARK AVE., 4TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: P ( ) Delete
Name: GIRGENTI, STEVEN
Address: 498 SEVENTH AVE.
City-St-Zip: NEW YORK, NY 10018

Title: VPS ( ) Delete
Name: FAREWELL, KEVIN
Address: 125 PARK AVE., 4TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VPAT ( ) Delete
Name: LOBENE, TOM
Address: 125 PARK AVE., 4TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: CFOT ( ) Delete
Name: DIAMOND, STUART
Address: 498 SEVENTH AVE.
City-St-Zip: NEW YORK, NY 10018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS O. NEUMAN SVPT 04/28/2005

Electronic Signature of Signing Officer or Director — Date