

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005742

1. Entity Name
COMMONWEALTH BUSINESS MEDIA, INC.



Principal Place of Business
**50 MILLSTONE ROAD
STE 200
EAST WINDSOR, NJ 08520**

Mailing Address
**50 MILLSTONE ROAD
STE 200
EAST WINDSOR, NJ 08520**

DO NOT WRITE IN THIS SPACE



03182003 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3531217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLASS, ALAN 50 EAST MILLSTONE ROAD, SUITE 200 EAST WINDSOR, NJ 08520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTAS ADAMS, STEPHEN M 50 EAST MILLSTONE ROAD, SUITE 200 EAST WINDSOR, NJ 08520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MADDEN, MARTIN C ONE INTERNATIONAL PLACE, SUITE 1450 BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRY, DAVID A ONE INTERNATIONAL PLACE, SUITE 1450 BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, MICHAEL J 50 MILLSTONE ROAD, SUITE 200 EAST WINDSOR, NJ 08520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARSONS, JAMES A 50 MILLSTONE ROAD, SUITE 200 EAST WINDSOR, NJ 08520

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05/26/04-80002-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/04
Date

609-371-7707
Daytime Phone #