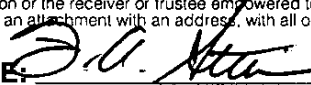


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90079 050 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                           |                                                                                                                                                           |                                                                                                                                                                                                                                       |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>DOCUMENT # F02000001588</b><br>1. Entity Name<br><b>VNU BUSINESS MEDIA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                           |                                                                                                                                                           |                                                                                                                                                      |                       |
| Principal Place of Business<br><b>770 BROADWAY<br/>NEW YORK, NY 10003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                           | Mailing Address<br><b>VNU BUSINESS MEDIA, INC<br/>ATTN: TAX DEPT 770 BROADWAY<br/>NEW YORK, NY 10003</b>                                                  |                                                                                                                                                                                                                                       |                       |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             | 3. Mailing Address                                                                                                        |                                                                                                                                                           |                                                                                                                                                                                                                                       |                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | Suite, Apt. #, etc.                                                                                                       |                                                                                                                                                           |                                                                                                                                                                                                                                       |                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | City & State                                                                                                              |                                                                                                                                                           |                                                                                                                                                                                                                                       |                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                     | Zip                                                                                                                       | Country                                                                                                                                                   |                                                                                                                                                                                                                                       |                       |
| 6. Name and Address of Current Registered Agent<br><br><b>NATIONAL CORPORATE RESEARCH, LTD., INC.<br/>103 N. MERIDIAN STREET<br/>TALLAHASSEE, FL 32301-0000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                           |                                                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                       |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                           |                                                                                                                                                           |                                                                                                                                                                                                                                       |                       |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                                                                                           |                                                                                                                                                                                                                                       |                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                     |                                                                                                                                                                                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>C<br/>HOBBS, GERALD S<br/>770 BROADWAY<br/>NEW YORK, NY 10003</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <b>Chairman<br/>R. van den Bergh<br/>770 Broadway<br/>New York, NY 10003</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DP<br/>MARCHESANO, MICHAEL<br/>770 BROADWAY<br/>NEW YORK, NY 10003</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |                                                                                                                                                                                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>MASTRELLI, THOMAS<br/>770 BROADWAY<br/>NEW YORK, NY 10003</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |                                                                                                                                                                                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>LANDER, HOWARD<br/>770 BROADWAY<br/>NEW YORK, NY 10003</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |                                                                                                                                                                                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V<br/>STEINMANN, FREDERICK A<br/>770 BROADWAY<br/>NEW YORK, NY 10003</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |                                                                                                                                                                                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>S<br/>ROSS, JAMES A<br/>770 BROADWAY<br/>NEW YORK, NY 10003</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |                                                                                                                                                                                                                                       |                       |
| 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. |                                                                                                             |                                                                                                                           |                                                                                                                                                           |                                                                                                                                                                                                                                       |                       |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | <b>Frederick A. Steinmann</b>                                                                                             |                                                                                                                                                           | <b>3/22/05</b>                                                                                                                                                                                                                        | <b>(646) 654-4906</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | <small>Date</small>                                                                                                       |                                                                                                                                                           | <small>Daytime Phone #</small>                                                                                                                                                                                                        |                       |