


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90107 035 ***150.00

DOCUMENT # F03000004512 1. Entity Name HOOVER'S, INC., A D&B COMPANY					
Principal Place of Business 5800 AIRPORT BLVD. AUSTIN, TX 78752			Mailing Address 103 JFK PARKWAY SHORT HILLS, NJ 07078		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007 Chg-P CR2E034 (12/06)	
4. FEI Number 74-2559474				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SPRADLIN, DWAYE H STREET ADDRESS 5800 AIRPORT BLVD. CITY-ST-ZIP AUSTIN, TX 78752	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Charles Gottdiener STREET ADDRESS 103 JFK Parkway CITY-ST-ZIP Short Hills, NJ 07078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPS NAME LEWINTER, DAVID J STREET ADDRESS 103 JFK PKWY. CITY-ST-ZIP SHORT HILLS, NJ 07078	<input type="checkbox"/> Delete		TITLE VPD NAME David J. Lewinter STREET ADDRESS 103 JFK Parkway CITY-ST-ZIP Short Hills, NJ 07078	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GUINNESSEY, KATHY STREET ADDRESS 103 JFK PKWY. CITY-ST-ZIP SHORT HILLS, NJ 07078	<input checked="" type="checkbox"/> Delete		TITLE VPT NAME Richard H. Veldran STREET ADDRESS 103 JFK Parkway CITY-ST-ZIP Short Hills, NJ 07078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DC NAME KUTSCHER, LAWRENCE M STREET ADDRESS 103 JFK PKWY. CITY-ST-ZIP SHORT HILLS, NJ 07078	<input checked="" type="checkbox"/> Delete		TITLE VPC NAME Anastasios Konidaris STREET ADDRESS 103 JFK Parkway CITY-ST-ZIP Short Hills, NJ 07078	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SECKER, RUSSELL STREET ADDRESS 5800 AIRPORT BLVD. CITY-ST-ZIP AUSTIN, TX 78752	<input checked="" type="checkbox"/> Delete		TITLE VPAS NAME Jeffrey Hurwitz STREET ADDRESS 103 JFK Parkway CITY-ST-ZIP Short Hills, NJ 07078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME HARVEY, CHARLES STREET ADDRESS 5800 AIRPORT BLVD. CITY-ST-ZIP AUSTIN, TX 78752	<input checked="" type="checkbox"/> Delete		TITLE VPAT NAME Susan D. Beriont STREET ADDRESS 103 JFK Parkway CITY-ST-ZIP Short Hills, NJ 07078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Susan Beriont</u>			Susan D. Beriont VP & Assistant Treasurer 1/5/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		