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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Informa Healthcare USA, I	nc.
·	of Corporation)
DOCUMENT NUMBER: F0900000266	58
The enclosed Amendment and fee are submi	itted for filing.
Please return all correspondence concerning	this matter to the following:
Patricia Giardina	
(Name of Contact Person)	
Informa USA, Inc.	
(Firm/Company)	<del></del>
17 State Street, 32nd Fl.	
(Address)	
New York, NY 10004	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Patricia Giardina	at (917) 332-2185 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	nt:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

F00000	one records of the Department of State)
F0900002668  (Document number of corporation (if known)	
I. Informa Healthcare USA, Inc.	<u> </u>
(Name of corporation as it appears on the	e records of the Department of State)
2. Massachusetts	2 July 2 2009
(Incorporated under laws of)	3. July 2, 2009 (Date authorized to do business in Florida)
SECTIO (4-7 COMPLETE ONLY THE	
(4-7 COMPLETE ONLY THE	AFFLICABLE CHANGES)
4. If the amendment changes the name of the corporation, w	hen was the change effected under the laws of
its jurisdiction of incorporation? December 31, 2010	)
5. Informa Business Information, Inc.	
(Name of corporation after the amendment, adding suffix appropriate abbreviation, if not contained in new name of	"corporation," "company," or "incorporated," or of the corporation)
(If new name is unavailable in Florida, enter alternate corp business in Florida)	porate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, indicate	e new period of duration.
(New dura	ation)
· · · · · · · · · · · · · · · · · · ·	
7. If the amendment changes the jurisdiction of incorporatio	n, indicate new jurisdiction.
(New jurise	diction)
(Signature of a director, president or other officer - if in the hof a receiver or other court appointed fiduciary, by that fiduciary	ands ciary)
Patricia Giardina	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

MA SOC Filing Number: 201019821460 Date: 12/8/2010 6:05:00 PM

No. 6304 P. 2

DF PC

## The Commonwealth of Massachuseus

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

# Articles of Merger Involving Domestic Corporations, Foreign Corporations or Foreign Other Entities (General Laws Chapter 156D, Section 11.06; 950 CMR 115.37)

Exact name, jurisdiction and date of organization of each party to the margan (1) EXACT NAME (2) JURISDICTION DATE OF ORGANIZATION Agra Informa, Inc. Delaware November 23, 2004 August 21, 1980 Informs Healthcare USA, Inc. Massachusetts (5) The foreign corporation or other early Dis Alia not sutherized to conduct business in the Commonwealth. (4) Exact name of the surviving entity: Informa Healthoure USA. Inc. (5) Jurisdiction under the laws of which the surviving entity will be organized: Massachusetts (6) The merger shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: \_\_December 31. 2010 (7-5) For each domestic corporation that is a party to the merger: (check appropriate box) II The plan of merger was duly approved by the shareholders, and where required, by each separate voting group as provided by G.L. Chapter 156D and the articles of organization. OR The plan of merger did not require the approval of the shareholders. (9) Participation of each other domestic entity, foreign corporation, or foreign other entity was duly authorized by the law under which the other entity of foreign corporation is organized and by its organizational documents.

RC.

\* Check appropriate box

\*\* Provide this information for each domestic corporation expanately

Dec. 8. 2010 6:00PM

- (10) Ansch any amendment to articles of organization of the surviving entity, where the survivor is a domestic business comporation.

  1. The name by which the corporation shall be known is:

  Informa Business Information, Inc.
- (11) Attach the articles of organization of the surviving entity, where the survivor is a NEW domestic business corporation, including all the supplemental information required by 950 CMR 113.16.

(12) State the executive office address of the surviving foreign other entity if such information is not on the public record in the foreign jurisdictions

(number, street, city or town, state, zip code)

Signed by:			
	Chairman of the board of directors,		
	President,		
Ø	Other officer, Vice President		
	Court-appointed fiduciary,		
on this	day of	2010 .	
Signed by:			
_	(signature of authorized individual)		
	Chairman of the board of directors,		
	Preident,		
27	Other officer, Vice President		
	Court-appointed fiduciary,		
on this	day of	, 2010	

MA SOC Filing Number: 201019821460 Date: 12/8/2010 6:05:00 PM

### THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

December 08, 2010 06:05 PM

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth