

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004379 (2)

1. Corporation Name

COWLES BUSINESS MEDIA, INC.



Principal Place of Business

911 HOPE ST
6 RIVER BEND CENTER
STAMFORD CT 06907

Mailing Address

911 HOPE ST
6 RIVER BEND CENTER
STAMFORD CT 06907

3. Date Incorporated or Qualified
09/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

26 329 Portland Avenue

4. FEI Number

06-0935977

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

28 Minneapolis MN

Zip Country

Zip Country

29 55415

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed below of registered agent and then applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE

D
NAME COX, DAVID C
STREET ADDRESS 329 PORTLAND AVE
CITY-STATE-ZIP MINNEAPOLIS MN 55415

11 TITLE ☒ DELETE

D
NAME ALCOTT, JAMES A
STREET ADDRESS 329 PORTLAND AVE
CITY-STATE-ZIP MINNEAPOLIS MN 55415

11 TITLE ☐ DELETE

VD
NAME VIERA, JAMES J
STREET ADDRESS 329 PORTLAND AVE
CITY-STATE-ZIP MINNEAPOLIS MN 55415

11 TITLE ☐ DELETE

P
NAME WALL, CAROLYN
STREET ADDRESS 911 HOPE ST, 6 RIVER BEND CENTER
CITY-STATE-ZIP STAMFORD CT 06907

11 TITLE ☐ DELETE

S
NAME BUSCH, WILLIAM R JR
STREET ADDRESS 329 PORTLAND AVE
CITY-STATE-ZIP MINNEAPOLIS MN 55415

11 TITLE ☐ DELETE

T
NAME STEPHENS, GEORGINA Y
STREET ADDRESS 329 PORTLAND AVE
CITY-STATE-ZIP MINNEAPOLIS MN 55415

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

C/D

☒ Change ☐ Addition

V

Pamela J. Sveinson
329 Portland Avenue
Minneapolis MN 55415

☐ Change ☒ Addition

P/D

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Busch, Jr. 3/1/96

612/673-7002

Date Daytime Phone #

CR2E034 (12/95)