

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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  
**329 PORTLAND AVENUE  
MINNEAPOLIS MN 55415-1112  
US**

3. Date Incorporated or Qualified <b>09/11/1995</b>	3a. Date of Last Report <b>03/13/1996</b>
4. FEI Number <b>06-0935977</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business  
21 **11 River Bend Drive South**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 City & State  
**Stamford, CT**

28 City & State

24 Zip  
**06907**

29 Zip  
**30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 name of registered agent and local applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	COX, DAVID C	
STREET ADDRESS	329 PORTLAND AVE	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SVEINSON, PAMELA J.	
STREET ADDRESS	329 PORTLAND AVENUE	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VIERA, JAMES J	
STREET ADDRESS	329 PORTLAND AVE	
CITY - ST - ZIP	MINNEAPOLIS MN 55415	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALL, CAROLYN	
STREET ADDRESS	911 HOPE ST, 6 RIVER BEND CENTER	
CITY - ST - ZIP	STAMFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUSCH, WILLIAM R JR	
STREET ADDRESS	329 PORTLAND AVE	
CITY - ST - ZIP	MINNEAPOLIS MN 55415	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEPHENS, GEORGINA Y	
STREET ADDRESS	329 PORTLAND AVE	
CITY - ST - ZIP	MINNEAPOLIS MN 55415	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		Zip: 55415
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		Zip: 55415
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(James Viera is the Sole Director)	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Daniel R. McCarthy	
4.3 STREET ADDRESS	11 River Bend Drive South	
4.4 CITY - ST - ZIP	Stamford, CT 06907	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE:

*William R. Busch, Jr.*

William R. Busch, Jr.

2/14/97

612/673-7002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)