

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # F95000004379 (2)

1. Corporation Name

COWLES BUSINESS MEDIA, INC.



Principal Place of Business

11 RIVER BEND DRIVE SOUTH
~~6 RIVER BEND CENTER~~
STAMFORD CT 06907
US

Mailing Address

329 PORTLAND AVENUE
MINNEAPOLIS MN 55415
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

06-0935977

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 11 River Bend Drive South

Suite, Apt. #, etc.

22

City & State

23 Stamford CT

Zip

24 06907

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C
NAME COX, DAVID C
STREET ADDRESS 329 PORTLAND AVE
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ DELETE

V
NAME SVEINSON, PAMELA J.
STREET ADDRESS 329 PORTLAND AVENUE
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ DELETE

D
NAME VIERA, JAMES J
STREET ADDRESS 329 PORTLAND AVE
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ DELETE

P
NAME MCCARTHY, DANIEL R.
STREET ADDRESS 11 RIVER BEND DRIVE SOUTH
CITY-ST-ZIP STAMFORD CT

TITLE ☐ DELETE

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

TITLE ☒ DELETE

Y
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T

Rebecca S. Maskey
329 Portland Avenue
Minneapolis MN 55415

14. 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 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

William R. Busch, Jr. 1/20/98 612/673-7002

CR2E034 (10/97)