

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90055 012 ***150.00

DOCUMENT # F96000001519

1. Entity Name
DUN & BRADSTREET INTERNATIONAL LTD., INC.



Principal Place of Business
**103 JFK PARKWAY
SHORT HILLS, NJ 07078**

Mailing Address
**103 JFK PARKWAY
SHORT HILLS, NJ 07078**

40002739



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-6114954

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LEWINTER, DAVID J
103 JFK PKWY
SHORT HILLS, NJ 07078**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPTD
GUINNESSEY, KATHLEEN
103 JFK PKWY.
SHORT HILLS, NJ 07078**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VC
RAYMOND, MARY JANE
103 JFK PARKWAY
SHORT HILLS, NJ 07078**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVAT
BERIONT, SUSAN D
103 JFK PKWY
SHORT HILLS, NJ 07078**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
SLOBODIEN, DAVID J
103 JFK PKWY
SHORT HILLS, NJ 07078**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan D. Beriont, VP & Assistant Treasurer, January 4, 2005

Date

Daytime Phone #

973-921-5728