

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90154 022 ***150.00

DOCUMENT # F97000002758

1. Entity Name

CYGNUS BUSINESS MEDIA HOLDINGS, INC.

Principal Place of Business

Mailing Address

CRAIG SCHROELER
JANESVILLE AVE
ATKINSON WI 535382060 PEACHTREE ROAD 1233 JAMESVILLE APT
SUITE 220
ATLANTA GA 30305-2230
Ft. Atkinson, WI 53538

D0038602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2313255**Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES INC
525 EAST PARK AVE
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCOO	<input type="checkbox"/> Delete
NAME	SCHMIDT-FELLNER, F B D	
STREET ADDRESS	3060 PEACHTREE RD, STE 220	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	CCEO	<input type="checkbox"/> Delete
NAME	HOGAN, GERALD D	
STREET ADDRESS	405 CENTRAL AVE., STE. 300	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYNUM, FRANK K	
STREET ADDRESS	320 PARK AVENUE, 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALL, THOMAS R IV	
STREET ADDRESS	320 PARK AVENUE, 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	SCHROEDER, CRAIG	
STREET ADDRESS	1233 JANESVILLE AVE.	
CITY-ST-ZIP	FT. ATKINSON WI 53538	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALTENBACH, JAMES S	
STREET ADDRESS	3060 PEACHTREE ROAD, STE. 1100	
CITY-ST-ZIP	ATLANTA GA 30305	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)