

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 26, 1999 8:00 am  
Secretary of State  
07-26-1999 90004 042 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14844  
1. Corporation Name  
BUSINESS WIRE, A CORPORATION

Principal Place of Business  
44 MONTGOMERY ST  
39TH FLOOR  
SAN FRANCISCO CA 94104  
US

Mailing Address  
44 MONTGOMERY STREET  
39TH FLOOR  
SAN FRANCISCO CA 94104  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/16/1987

4. FEI Number  
94-1679585

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 the current year  
Intangible Personal Property.  
Yes No

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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	PD	DELETE
NAME	LOKEY, LORRY	
STREET ADDRESS	63 SELBY LN	
CITY-ST-ZIP	ATHERTON CA	
TITLE	VD	DELETE
NAME	VITORELO, THERESA	
STREET ADDRESS	2241 VINEYARD RD.	
CITY-ST-ZIP	NOVATO CA	
TITLE	VD	DELETE
NAME	LISSAUER, MICHAEL	
STREET ADDRESS	29 DEVONSHIRE CT.	
CITY-ST-ZIP	PLAINVIEW NY	
TITLE	VD	DELETE
NAME	TAMRAZ, CATHY BARON	
STREET ADDRESS	6545 NORTHERN BLVD.	
CITY-ST-ZIP	EAST NORWICH NY	
TITLE	DT	DELETE
NAME	CUMMINGS, CONSTANCE	
STREET ADDRESS	1005 ALAMEDA DELAS PULGAS	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	SD	DELETE
NAME	LOKEY, ANN	
STREET ADDRESS	1440 FLORIBUNDA AVENUE, #104	
CITY-ST-ZIP	BURLINGME CA	

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		

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: *Constance Cummings* SIGNATURE REQUIRED CUMMINGS 7-18-99 415-986-4422

CR2E034 (5/99)