

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22381 (8)

1. Corporation Name

ELSEVIER REALTY INFORMATION, INC.



Principal Place of Business

% REED ELSEVIER INC.
275 WASHINGTON ST.
NEWTON MA 02158

Mailing Address

% REED ELSEVIER INC.
275 WASHINGTON ST.
NEWTON MA 02158

3. Date Incorporated or Qualified
01/03/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
52-1597496

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VOLLENHOVEN, LOUIS VAN
STREET ADDRESS VAN EEGHENSTRAAT 73
CITY-ST-ZIP 1071 EX AMSTERDAM THE NETHER ☒ DELETE

1.1 TITLE D
1.2 NAME NIGEL J. STAPLETON
1.3 STREET ADDRESS 275 WASHINGTON ST.
1.4 CITY-ST-ZIP NEWTON, MA 02158 ☐ Change ☒ Addition

TITLE DC
NAME BRUGGINK, HERMAN J.
STREET ADDRESS 301 GIBRALTAR DR.
CITY-ST-ZIP MORRIS PLAINS NJ ☒ DELETE

2.1 TITLE P/T/D
2.2 NAME PAUL RICHARDSON
2.3 STREET ADDRESS 275 WASHINGTON ST.
2.4 CITY-ST-ZIP NEWTON, MA 02158 ☐ Change ☒ Addition

TITLE PD
NAME MASSA, PAUL P.
STREET ADDRESS 4520 EAST-WEST HIGHWAY
CITY-ST-ZIP BETHESDA MD ☒ DELETE

3.1 TITLE S/D
3.2 NAME HENRY Z. HORBACZEWSKI
3.3 STREET ADDRESS 275 WASHINGTON ST.
3.4 CITY-ST-ZIP NEWTON, MA 02158 ☐ Change ☒ Addition

TITLE SGC
NAME KRULL, KEVIN C.
STREET ADDRESS 301 GIBRALTAR DR.
CITY-ST-ZIP MORRIS PLAINS NJ ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ATAS
NAME FONTAINE, CHARLES P
STREET ADDRESS 275 WASHINGTON ST
CITY-ST-ZIP NEWTON MA ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles P. Fontaine CHARLES P. FONTAINE April 23, 1996 617-538-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)