

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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # P27577 (6)

1. Corporation Name

DUN & BRADSTREET PENSION SERVICES, INC.



Principal Place of Business

Mailing Address

3501 FRONTAGE ROAD
TAMPA FL 33607

3501 FRONTAGE ROAD
TAMPA FL 33607

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

3. Date Incorporated or Qualified

01/04/1990

3a. Date of Last Report

08/14/1995

4. FEI Number

22-3010589

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 S. 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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ASD
NAME BUCHANAN, WILLIAM H., JR.
STREET ADDRESS 200 NYALA FARMS
CITY-ST-ZIP WESTPORT CT

☒ DELETE

TITLE D
NAME JACOBI, WILLIAM G
STREET ADDRESS 3501 FRONTAGE RD
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE P
NAME LYON, JOHN W
STREET ADDRESS 3501 FRONTAGE RD
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE S
NAME FORSBERG, SHIRLEY A
STREET ADDRESS 299 PARK AVE
CITY-ST-ZIP NEW YORK NY

☒ DELETE

TITLE AT
NAME MILLER, DANIEL S
STREET ADDRESS 299 PARK AVE
CITY-ST-ZIP NEW YORK NY

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO
1.2 NAME Neil Bicknell
1.3 STREET ADDRESS 3415 Sepulveda Blvd. #700
1.4 CITY-ST-ZIP Los Angeles, CA 90034

☐ Change ☒ Addition

2.1 TITLE SVP
2.2 NAME John Sciarra
2.3 STREET ADDRESS 450 Newport Center Drive, Suite 400
2.4 CITY-ST-ZIP Newport Beach, CA 92660

☐ Change ☒ Addition

3.1 TITLE SVP
3.2 NAME Harry Riehl
3.3 STREET ADDRESS 3507 Frontage Road, Suite 200
3.4 CITY-ST-ZIP Tampa, FL 33607

☐ Change ☒ Addition

4.1 TITLE SVP
4.2 NAME Bill Moore
4.3 STREET ADDRESS 3507 Frontage Road, Suite 200
4.4 CITY-ST-ZIP Tampa, FL 33607

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 (30) 390-8801

Date

Daytime Phone #

CR2E034 (12/95)