

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P34647	
1. Entity Name PROQUEST INFORMATION AND LEARNING COMPANY	



Principal Place of Business 300 N ZEEB RD ANN ARBOR, MI 48106	Mailing Address 300 N ZEEB ROAD ANN ARBOR, MI 48106
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FILED

04 FEB 25 PM 12:15

SECRETARY OF STATE
TALLAHASSEE



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3580102	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: 02/25/04--01007--003 **300.00 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BARCELONA, JAMES 300 N ZEEB ROAD ANN ARBOR, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CARR, JOHN 300 NORTH ZEEB ROAD ANN ARBOR, MI 48106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANDALL, PATRICK 300 N ZEEB ROAD ANN ARBOR, MI 48106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VED GREGORY, KEVIN G 300 N ZEEB ROAD ANN ARBOR, MI 48106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BUCHARDT, TODD 300 N ZEEB ROAD ANN ARBOR, MI 48106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDORTH, ALAN 300 N ZEEB ROAD ANN ARBOR, MI 48106

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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 2/18/04 <small>Daytime Phone #</small>