

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002457

**Entity Name:** WOLTERS KLUWER CLINICAL DRUG INFORMATION, INC.

**Current Principal Place of Business:**

1100 TEREX ROAD  
HUDSON, OH 44236

**Current Mailing Address:**

2700 LAKE COOK ROAD  
WKUS LAW DEPT  
RIVERWOODS, IL 60015 US

**FEI Number:** 34-1262989

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BASOW, DENISE  
Address        230 THIRD AVE  
City-State-Zip: WALTHAM MA 02451

Title            SEC, EVP  
Name            INGATO, ROBERT  
Address        28 LIBERTY ST 26TH FL  
City-State-Zip: NEW YORK NY 10005

Title            VP, ASST. TREASURER, DIRECTOR  
Name            BALNIUS, J. MICHELE  
Address        2700 LAKE COOK ROAD  
                  WKUS LAW DEPT  
City-State-Zip: RIVERWOODS IL 60015

Title            VP, TREASURER  
Name            FELDMAN, IRVING  
Address        2700 LAKE COOK ROAD  
                  WKUS LAW DEPT  
City-State-Zip: RIVERWOODS IL 60015

Title            ASST. SECRETARY  
Name            SANDERS, ERIN  
Address        2700 LAKE COOK ROAD  
                  WKUS LAW DEPT  
City-State-Zip: RIVERWOODS IL 60015

Title            DIRECTOR  
Name            SATIN, ELIZABETH  
Address        28 LIBERTY ST 26TH FL  
City-State-Zip: NEW YORK NY 10005

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERIN SANDERS

**ASST SECRETARY**

**04/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date