

**2017 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:**

1100 TEREX ROAD  
HUDSON, OH 44236

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

Title SEC, EVP  
Name INGATO, ROBERT  
Address 111 EIGHTH AVE 13TH FL  
City-State-Zip: NEW YORK NY 10011

Title VPAS  
Name HEALY, PETER F  
Address 2700 LAKE COOK ROAD  
City-State-Zip: RIVERWOODS IL 60015

Title DIRECTOR  
Name YULES, SUSAN  
Address 2001 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title TREASURER, CFO  
Name BENAMAR, HAMZA  
Address 230 THIRD AVE  
City-State-Zip: WALTHAM MA 02451

*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: ROBERT INGATO**

**SECRETARY**

**04/25/2017**

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

\_\_\_\_\_  
Date