

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002457

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

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC3002170654**

**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	Title	SEC, EVP
Name	BASOW, DENISE	Name	INGATO, ROBERT
Address	230 THIRD AVE	Address	111 EIGHTH AVE 13TH FL
City-State-Zip:	WALTHAM MA 02451	City-State-Zip:	NEW YORK NY 10011
Title	VP, ASST. TREASURER	Title	TREASURER, CFO
Name	HEALY, PETER F	Name	BENAMAR, HAMZA
Address	2700 LAKE COOK ROAD	Address	230 THIRD AVE
City-State-Zip:	RIVERWOODS IL 60015	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**

**04/24/2018**

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

\_\_\_\_\_  
Date