
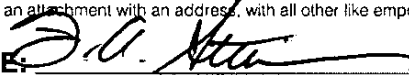


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90079 050 ***150.00

DOCUMENT # F02000001588					
1. Entity Name VNU BUSINESS MEDIA, INC.					
Principal Place of Business 770 BROADWAY NEW YORK, NY 10003		Mailing Address VNU BUSINESS MEDIA, INC ATTN: TAX DEPT 770 BROADWAY NEW YORK, NY 10003			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02222005 Chg-P CR2E034 (10/03)	
4. FEI Number 13-3754838				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, GERALD S		NAME	R. van den Bergh	
STREET ADDRESS	770 BROADWAY		STREET ADDRESS	770 Broadway	
CITY-ST-ZIP	NEW YORK, NY 10003		CITY-ST-ZIP	New York, NY 10003	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHESANO, MICHAEL		NAME		
STREET ADDRESS	770 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10003		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTRELLI, THOMAS		NAME		
STREET ADDRESS	770 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10003		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDER, HOWARD		NAME		
STREET ADDRESS	770 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10003		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMANN, FREDERICK A		NAME		
STREET ADDRESS	770 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10003		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JAMES A		NAME		
STREET ADDRESS	770 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10003		CITY-ST-ZIP		
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 		Frederick A. Steinmann		3/22/05 (646)654-4906	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	