


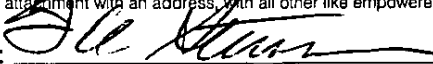
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90005 008 ***150.00

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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 VNU Business Media Inc, c/o VNU Inc Suite, Apt. #, etc. attn: Tax Dept, 770 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New York, NY	
Zip	Country	Zip	Country
		10003	USA
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 NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		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 _____			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDER BERGH, R	NAME	Chairman 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 checked="" 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 exemptions contained in Chapter 119, 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, V.P. 2/18/06 (646)654-4906	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	