

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22381 (8)

1. Corporation Name
ELSEVIER REALTY INFORMATION, INC.



Principal Place of Business Mailing Address
% REED ELSEVIER INC. % REED ELSEVIER INC.
275 WASHINGTON ST. 275 WASHINGTON ST.
NEWTON MA 02158 NEWTON MA 02158

3. Date Incorporated or Qualified 01/03/1989 3a. Date of Last Report 05/01/1995
4. FEI Number 52-1597496 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VOLLENHOVEN, LOUIS VAN VAN EEGHENSTRAAT 73 1071 EX AMSTERDAM THE NETHER	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D NIGEL J. STAPLETON 275 WASHINGTON ST. NEWTON, MA 02158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DC BRUGGINK, HERMAN J. 301 GIBRALTAR DR. MORRIS PLAINS NJ	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P/T/D PAUL RICHARDSON 275 WASHINGTON ST. NEWTON, MA 02158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD MASSA, PAUL P. 4520 EAST-WEST HIGHWAY BETHESDA MD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/D HENRY Z. HORBACZEWSKI 275 WASHINGTON ST. NEWTON, MA 02158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SGC KRULL, KEVIN C. 301 GIBRALTAR DR. MORRIS PLAINS NJ	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ATAS FONTAINE, CHARLES P 275 WASHINGTON ST NEWTON MA	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles P. Fontaine CHARLES P. FONTAINE April 23, 1996 617-538-4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)