

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90127 042 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P22381**

1. Corporation Name  
**ELSEVIER REALTY INFORMATION, INC.**



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
 % REED ELSEVIER INC.  
 275 WASHINGTON ST.  
 NEWTON MA 02158

3. Date Incorporated or Qualified  
**01/03/1989**

4. FEI Number  
**52-1597496**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
**02458**

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
**02458**

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NIGEL J. STAPLETON</b>	
STREET ADDRESS	<b>275 WASHINGTON ST</b>	
CITY-ST-ZIP	<b>NEWTON MA</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>PAUL RICHARDSON</b>	
STREET ADDRESS	<b>275 WASHINGTON ST</b>	
CITY-ST-ZIP	<b>NEWTON MA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HENRY Z. HORBACZEWSKI</b>	
STREET ADDRESS	<b>275 WASHINGTON ST</b>	
CITY-ST-ZIP	<b>NEWTON MA</b>	
TITLE	<b>ATAS</b>	<input type="checkbox"/> DELETE
NAME	<b>FONTAINE, CHARLES P</b>	
STREET ADDRESS	<b>275 WASHINGTON ST</b>	
CITY-ST-ZIP	<b>NEWTON MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>STAPLETON, NIGEL J.</b>	
1.3 STREET ADDRESS	<b>25 VICTORIA STREET</b>	
1.4 CITY-ST-ZIP	<b>LONDON, SW1H 0EX</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RICHARDSON, PAUL</b>	
2.3 STREET ADDRESS	<b>200 PARK AVENUE, 17TH FLOOR</b>	
2.4 CITY-ST-ZIP	<b>NEW YORK, NY 10166</b>	
3.1 TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HORBACZEWSKI, HENRY</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	<b>NEWTON, MA 02458</b>	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	<b>NEWTON, MA 02458</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Charles P. Fontaine ASST. TREASURER 4/29/1999 (617) 558-4918

CR2E034 (1/98)

P22381  
ELSEVIER REALTY INFORMATION, INC. 53217490127-42  
655 Avenue of the Americas, New York, NY 10010  
52-1597496

NAMES, TITLES, & BUSINESS ADDRESSES OF OFFICERS AND DIRECTORS

TITLE	NAME	ADDRESS
Chairman Director	Nigel J. Stapleton	25 Victoria Street London, SW1H OEX
President & Treasurer Director	Paul Richardson	200 Park Avenue, 17th Floor New York, NY 10166
V.P. & Secretary Director	Henry Horbaczewski	275 Washington Street Newton, MA 02458
Assistant Treasurer & Assistant Secretary	Charles P. Fontaine	275 Washington Street Newton, MA 02458

ALL OFFICERS REMAIN IN OFFICE UNTIL SUCCESSORS ARE DULY ELECTED AND  
QUALIFIED  
04/28/1999