

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90395 037 \*\*\*150.00

DOCUMENT # F04000004816  
 1. Entity Name  
 GOLIN/HARRIS INTERNATIONAL, INC.



Principal Place of Business: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR, NEW YORK, NY 10036  
 Mailing Address: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR, NEW YORK, NY 10036

4001031

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: 8000 Norman Center Drive, Suite, Apt. #, etc. 400  
 City & State: Bloomington MN  
 Zip: 55431 Country: USA



04122006 Chg-P CR2E034 (11/05)

4. FEI Number: 54-1562699 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE, FL 32301-2525  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: CAMERA, NICHOLAS J STREET ADDRESS: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR CITY-ST-ZIP: NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE: DVP NAME: Nicholas J. Camera STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: JOHNSON, ELLEN STREET ADDRESS: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR CITY-ST-ZIP: NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HOEY, MARJORIE STREET ADDRESS: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR CITY-ST-ZIP: NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: NARDONE, CHRISTOPHER STREET ADDRESS: 1114 6TH AVE, 18TH FLR, TAX DEPT CITY-ST-ZIP: NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: VP NAME: Debra Nichols STREET ADDRESS: 8000 Norman Center Drive #400 CITY-ST-ZIP: Bloomington MN 55437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: DPCEO NAME: Fred Cook STREET ADDRESS: 111 East Wacker Drive CITY-ST-ZIP: Chicago IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Debra S. Nichols Date: 4-17-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #