

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004816

FILED
Apr 26, 2012
Secretary of State

Entity Name: GOLIN/HARRIS INTERNATIONAL, INC.

Current Principal Place of Business:

111 E. WACKER DRIVE,
11TH FLOOR
CHICAGO, IL 60601

New Principal Place of Business:

Current Mailing Address:

8000 NORMAN CENTER DRIVE
400
BLOOMINGTON, MN 55437

New Mailing Address:

FEI Number: 54-1562699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHSSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: CAMERA, NICHOLAS J
Address: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: VT
Name: JOHNSON, ELLEN
Address: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: S
Name: HOEY, MARJORIE
Address: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: V
Name: GILLIAM, JOHN
Address: 13801 FNB PARKWAY
City-St-Zip: OMAHA, NE 68154

Title: V
Name: NICHOLS, DEBRA
Address: 8000 NORMAN CTR DR, #400
City-St-Zip: MINNEAPOLIS, MN 55437

Title: CEO
Name: COOK, FRED
Address: 111 E WACKER DR
City-St-Zip: CHICAGO, IL 60601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA S NICHOLS

V

04/26/2012

Electronic Signature of Signing Officer or Director

_____ Date