

4-15-97 B 4692 C  
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Apr 15 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000000272 (2)  
 1. Corporation Name  
**THE ADVERTISING COUNCIL, INC.**



Principal Place of Business Mailing Address  
 261 MADISON AVE. 261 MADISON AVE.  
 NEW YORK NY 10016-2303 NEW YORK NY 10016-2303

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
 01/17/1996  
 4. FEI Number Applied For  
 13-0417693 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

9. Name and Address of Current Registered Agent  
**C T 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>GUARASCIO, PHILIP</b>                   |
| STREET ADDRESS             | <b>261 MADISON AVE.</b>                    |
| CITY-ST-ZIP                | <b>NEW YORK NY 10016-2303</b>              |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>BRACK, REGINALD K JR.</b>               |
| STREET ADDRESS             | <b>261 MADISON AVE.</b>                    |
| CITY-ST-ZIP                | <b>NEW YORK NY 10016-2303</b>              |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>DRAKE, O. BURTOCH</b>                   |
| STREET ADDRESS             | <b>261 MADISON AVE.</b>                    |
| CITY-ST-ZIP                | <b>NEW YORK NY 10016-2303</b>              |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>SARSEN, JOHN J JR.</b>                  |
| STREET ADDRESS             | <b>261 MADISON AVE.</b>                    |
| CITY-ST-ZIP                | <b>NEW YORK NY 10016-2303</b>              |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>WEHLING, ROBERT L</b>                   |
| STREET ADDRESS             | <b>261 MADISON AVE.</b>                    |
| CITY-ST-ZIP                | <b>NEW YORK NY 10016-2303</b>              |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>WOODEN, RUTH</b>                        |
| STREET ADDRESS             | <b>261 MADISON AVE.</b>                    |
| CITY-ST-ZIP                | <b>NEW YORK NY 10016-2303</b>              |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>Honorary Chairman + D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <b>Chairman + D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| 2.2 NAME  | <b>Kroll, Alexander S.</b>  |
| 2.3 STREET ADDRESS                                    | <b>261 Madison Ave.</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>New York, NY 10016-2303</b>  |
| 3.1 TITLE   | <b>D/S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <b>D/T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <b>Vice Chairman + D</b> <input checked="" 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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as provided, or on an attachment with an address.

CR2E037 (9/96)