


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000272

1. Corporation Name
THE ADVERTISING COUNCIL, INC.

Principal Place of Business 261 MADISON AVE. NEW YORK NY 10016-2303	Mailing Address 261 MADISON AVE. NEW YORK NY 10016-2303
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/17/1996
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-0417693
23 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COLEMAN, G G		1.2 NAME	Ed Reilly			
STREET ADDRESS	261 MADISON AVE		1.3 STREET ADDRESS	261 Madison Ave			
CITY-ST-ZIP	NEW YORK NY 10016		1.4 CITY-ST-ZIP	NY NY 10016-2303			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	OATES, J G		2.2 NAME				
STREET ADDRESS	261 MADISON AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10016		2.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DRAKE, O. BURTC		3.2 NAME				
STREET ADDRESS	261 MADISON AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SARSEN, JOHN J JR.		4.2 NAME				
STREET ADDRESS	261 MADISON AVE.		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP				
TITLE	C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WEHLING, ROBERT L		5.2 NAME	John Costello			
STREET ADDRESS	261 MADISON AVE.		5.3 STREET ADDRESS	261 Madison Ave			
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	NY NY 10016			
TITLE	P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	WOODEN, RUTH		6.2 NAME	President Peggy Conlon			
STREET ADDRESS	261 MADISON AVE.		6.3 STREET ADDRESS	261 Madison Avenue			
CITY-ST-ZIP	NEW YORK NY 10016-2303		6.4 CITY-ST-ZIP	New York, NY 10016-2303			

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 617, 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: _____

SIGNATURE REQUIRED

9-8-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day: _____ # _____

CR2E037 (5/99)