

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90066 041 ****61.25

DOCUMENT # F96000000272

1. Entity 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-0417693		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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.

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

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RULLY, ED		NAME	Reilly Ed	
STREET ADDRESS	261 MADISON AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CHAIR & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OATES, J G		NAME		
STREET ADDRESS	261 MADISON AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, O. BURTC		NAME		
STREET ADDRESS	261 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARSEN, JOHN J JR.		NAME		
STREET ADDRESS	261 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice Chairman & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, JOHN		NAME		
STREET ADDRESS	261 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	CONLON, PEGGY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTON, PEGGY		NAME		
STREET ADDRESS	261 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016-2303		CITY-ST-ZIP		

12. 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 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 617, 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: *Andrew Gleisman* EXECUTIVE 1/11/00 2/2 9841945
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)