

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90143 017 ****61.25

0062764

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-0417693**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, ED	
STREET ADDRESS	261 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	C/D	<input checked="" type="checkbox"/> Delete
NAME	OATES, J G	
STREET ADDRESS	261 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DRAKE, O. BURTC	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SARSEN, JOHN J JR.	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	COSTELLO, JOHN	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONLON, PEGGY	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10016-2303	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Alstrup	
STREET ADDRESS	261 madison Ave	
CITY-ST-ZIP	NY NY 10016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Liodice	
STREET ADDRESS	261 madison ave	
CITY-ST-ZIP	NY NY 10016	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Robinson	
STREET ADDRESS	261 madison Ave	
CITY-ST-ZIP	NY NY 10016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED** *Arie Wessman* 6-19-03 212-989-1945

CR2E037 (10/02)