

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90062 043 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # P29551
 1. Corporation Name
NATIONAL DECISION SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5375 MIRA SORRENTO PL SUITE 400 SAN DIEGO CA 92121 US	Mailing Address C/O VNU, INC 1515 BROADWAY 15TH FLOOR NEW YORK NY 10036 US
-----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 05/25/1990 4. FEI Number 95-3362303 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET SUITE #2 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FEELY, MARTIN R	1.2 NAME	
STREET ADDRESS	11 W 42ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 11211	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LEONARD, CHARLES E I	2.2 NAME	
STREET ADDRESS	11 W 42ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 11211	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P NASCENZI, ROBERT	3.2 NAME	
STREET ADDRESS	5575 MIRA SORRENTO PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP STEINMANN, FREDRICK A	4.2 NAME	
STREET ADDRESS	1515 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T COMPOGIANNIS, TOM	5.2 NAME	
STREET ADDRESS	5375 MIRA SORRENTO PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ROSS, JAMES A	6.2 NAME	
STREET ADDRESS	1515 BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	6.4 CITY-ST-ZIP	

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 607, 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 _____ DATE _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **James A. Ross, Secretary** 1/15/99 (312) 536-5085 Daytime Phone #

CR2E034 (11/98)