

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90242 035 \*\*\*150.00

**DOCUMENT # P29551**

1. Entity Name

**NATIONAL DECISION SYSTEMS, INC.**

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

3. Mailing Address

C/O VNU, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

770 Broadway

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10003

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-3362303**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
 1406 HAYS STREET  
 SUITE #2  
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	O'SHEA, DAN	
STREET ADDRESS	11 W 42ND ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, CHARLES E I	
STREET ADDRESS	11 W 42ND ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	P	<input type="checkbox"/> Delete
NAME	NASCENZI, ROBERT	
STREET ADDRESS	5575 MIRA SORRENTO PL	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEINMANN, FREDRICK A	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	T	<input type="checkbox"/> Delete
NAME	COMPOGIANNIS, TOM	
STREET ADDRESS	5375 MIRA SORRENTO PL	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSS, JAMES A	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*F.A. Steinmann*

Frederick A. Steinmann, V.P.

1/18/01 (646)654-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)