


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90353 034 ***150.00

DOCUMENT # 189306	
1. Entity Name BEN DISPOSITION, INC.	

Principal Place of Business 1114 6TH AVENUE 18TH FLOOR TAX DEPARTMENT NEW YORK NY 10036 US	Mailing Address % THE INTERPUBLIC GROUP OF CO, INC. 136 MADISON AVE., 6TH FLOOR TAX DEPT. NEW YORK NY 10016 US
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50040867



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. 1114 6th AVENUE 18th FLOOR - TAX DEPARTMENT		3. Mailing Address Suite, Apt. #, etc. 1114 6th AVENUE 18th FLOOR - TAX DEPARTMENT	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10036	Country USA	Zip 10036	Country USA

4. FEI Number 59-0759562	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASON, ARTHUR M 1114 6TH AVE. 18TH FLR. TAX DEPT. NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HOEY, MARGE 1114 6TH AVE. 18TH FLR. TAX DEPT. NEW YORK NY 10036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV BERNS, STEVEN 1114 6TH AVE. 18TH FLR. TAX DEPT. NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMERA, NICHOLAS 1114 6TH AVE. 18TH FLR. AX DEPT. NEW YORK NY 10036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONTE, AL 1114 6TH AVE. 18TH FLR. TAX DEPT. NEW YORK NY 10036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NARDONE, CHRISTOPHER 1114 6th AVE. 18th FLR. TAX DEPT. NEW YORK NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA JOHNSON, ELLEN 1114 6th AVE. 18th FLR. TAX DEPT. NEW YORK NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Christopher Nardone Christopher Nardone 4/4/05 (212) 704-1429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #