


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**


01-31-2005 90085 013 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 821728</b>               |  |
| 1. Entity Name<br>A.C. NIELSEN COMPANY |   |

|  |  |
|--|--|
| Principal Place of Business<br>150 NORTH MARTINGALE ROAD<br>SCHAUMBURG, IL 60173-2076 US | Mailing Address<br>150 NORTH MARTINGALE ROAD<br>ATTN: M.A. DRESDOW<br>SCHAUMBURG, IL 60173-2076 US |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |

**50008588**



01042005 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> | <b>\$5.00 May Be</b><br><b>Added to Fees</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVAS<br>RIEHL, EDWARD J<br>150 N. MARTINGALE ROAD<br>SCHAUMBURG, IL 60173 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DSVPGC<br>Edward J. Riehl<br>770-Broadway<br>New York, NY 10003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVGC<br>DOPPELT, EARL H.<br>770 BROADWAY<br>NEW YORK, NY 10003 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DEVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVCF<br>FAVA, CARLO<br>150 N. MARTINGALE RD.<br>SCHAUMBURG, IL 60173 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DRESDOW, MARY A.<br>150 N MARTINGALE RD<br>SCHAUMBURG, IL <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPT<br>GERSKY, PETER K<br>770 BROADWAY<br>NEW YORK, NY-10003 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEPD<br>CONNORS, MICHAEL P<br>770 BROADWAY<br>NEW YORK, NY-10003 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Mary A. Dresdow **Mary A. Dresdow** 1/27/05 847.605.5093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document No. 821728

ATTACHMENT #821728  
50008588  
A. C. NIELSEN COMPANY

ADDITIONAL OFFICERS

| <u>NAME</u>            | <u>POSITION</u>                        | <u>ADDRESS</u>                              |
|------------------------|--|---|
| R. Ford Dallmeyer      | Vice President and Assistant Secretary | 150 N. Martingale Rd., Schaumburg, IL 60173 |
| Michael E. Elias       | Vice President and Assistant Secretary | 770 Broadway, New York, NY 10003            |
| James A. Ross          | Vice President and Assistant Secretary | 770 Broadway, New York, NY 10003            |
| Frederick A. Steinmann | Vice President                         | 770 Broadway, New York, NY 10003            |