

# 2002 UNIFORM BUSINESS REPORT (UBR)

0110289 AT

DOCUMENT # F01000000717

1. Entity Name  
**MEDIAMARK RESEARCH INC.**

**FILED**

02 AUG -2 PM 1:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 650 AVENUE OF THE AMERICAS, 3RD FLOOR  
 NEW YORK NY 10011

Mailing Address  
 650 AVENUE OF THE AMERICAS, 3RD FLOOR  
 NEW YORK NY 10011

2. Principal Place of Business  
 650 Avenue of the Americas

3. Mailing Address  
 650 Avenue of the Americas

Suite, Apt. #, etc.  
 3rd Floor

Suite, Apt. #, etc.

City & State  
 New York, NY 10011

City & State

4. FEI Number 13-3603248

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

## 7. Name and Address of New Registered Agent

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.

400006869944--2

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TESSIER, ALAIN J 650 AVENUE OF THE AMERICAS, 3RD FLOOR NEW YORK NY 10011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVE, KATHI 650 AVENUE OF THE AMERICAS, 3RD FLOOR NEW YORK NY 10011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGSON, CHARLES 650 AVENUE OF THE AMERICAS, 3RD FLOOR NEW YORK NY 10011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACK, IAN D 650 AVENUE OF THE AMERICAS, 3RD FLOOR NEW YORK NY 10011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOCK, RICHARD M 650 AVENUE OF THE AMERICAS, 3RD FLOOR NEW YORK NY 10011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAIM, JULIAN 650 AVENUE OF THE AMERICAS, 3RD FLOOR NEW YORK NY 10011 <input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Anne W. Gurnsey 810 7th Avenue New York, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Tax Michael A. Russak, Jr. 810 Seventh Avenue New York, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Simon Chadwick 650 Avenue of the Americas New York, NY 10011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and COO Ian D. Jack 650 Avenue of the Americas New York, NY 10011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Annmarie Fowler 810 Seventh Avenue New York, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and CRO Julian Baim 650 Avenue of the Americas New York, NY 10011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: SICHERT, ALAIN J  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02 212 782-2921

Date Daytime Phone #

CR2E034 (4/02)

292



ACCOUNT NO. : 072100000032  
REFERENCE : 688448 7128687  
AUTHORIZATION : *Patricia Pajot*  
COST LIMIT : \$ 550.00

ORDER DATE : August 1, 2002  
ORDER TIME : 10:0 AM  
ORDER NO. : 688448-005  
CUSTOMER NO: 7128687  
CUSTOMER: Ms. Annmarie Fowler  
United Business Media Inc.  
810 Seventh Avenue  
27th Floor  
New York, NY 10019

ANNUAL REPORT FILING

NAME: MEDIAMARK RESEARCH INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS:

RECEIVED  
02 AUG - 2 AM 10 24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304