

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90104 016 \*\*\*150.00

**DOCUMENT # F01000006159**

1. Entity Name  
**IPSOS-REID CORPORATION**

Principal Place of Business  
**1100-1199 WEST HASTINGS STREET  
 VANCOUVER, BRITISH COLUMBIA  
 CANADA V6E3T5**

Mailing Address  
**1100-1199 WEST HASTINGS STREET  
 VANCOUVER, BRITISH COLUMBIA  
 CANADA V6E3T5**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

4. FEI Number **98-0355403** Applied For  Not Applicable

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

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.

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNEWIES, GARY 160 BLOOR STREET EAST, SUITE 610 TORONTO, ONT., CANADA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO REID, ANGUS 1100-1199 WEST HASTINGS STREET VANCOUVER, B.C., CANADA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUOT, MARIE LOUISE 1100-1199 WEST HASTINGS STREET VANCOUVER, B.C., CANADA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO POYZER, ELIZABETH 1100-1199 WEST HASTINGS STREET VANCOUVER, B.C., CANADA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, JIM 4429 PINE CRESCENT VANCOUVER, B.C., CANADA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VICE PRESIDENT DR. DARRELL BRICKER 160 BLOOR STREET, SUITE 610 TORONTO, ONT, CANADA M4W 1B9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - SECRETARY/TREASURER DONALD J. MILLER 1100-1199 WEST HASTINGS STREET VANCOUVER BC CANADA V6E3T5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN HALLWARD 245 VICTORIA AVE SUITE 100 MONTREAL, PQ H3Z 2M6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DIDIER TRUCHOT 99, RUE DE L'ABBE GROUT 75739 PARIS CEDEX 15 FRANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARLOS HARDING 99, RUE DE L'ABBE GROUT 75739 PARIS CEDEX 15 FRANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Simon KOCHMAN 1700 BROADWAY 15TH FLOOR NEW YORK NY 10019 <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)(f), 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DONALD J. MILLER**  
 Date **April 11/02** Daytime Phone # **(604) 893-1649**

CR2E034 (9/01)