


2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

| | |
|---|---|
| DOCUMENT # F01000006159 1. Entity Name IPSOS-REID CORPORATION |  |
|---|---|

FILED

05 AUG -5 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|---|
| Principal Place of Business 1100-1199 WEST HASTINGS STREET VANCOUVER BC v6e- 3t5 CA | Mailing Address 1700 BROADWAY 15TH FLOOR NEW YORK NY 10019 |
|--|---|

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

4. FEI Number **41-1716256** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

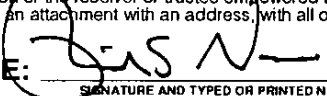
FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | DP <input type="checkbox"/> Delete TRUCHOR, DIDIER 35 RUE DU VAL DE MARNE PARIS FR 75013 |
| TITLE | D <input type="checkbox"/> Delete DALIK, DANALD 1075 GEORGIA STREET WEST, STE 2100 VANCOUVER BC V6E3G-2 |
| TITLE | VP <input checked="" type="checkbox"/> Delete KOOYMAN, SIMON 1700 BROADWAY, 15TH FLOOR NEW YORK NY 10019 |
| TITLE | VPT <input type="checkbox"/> Delete NACHMIAS, RICHARD 1700 BROADWAY, 15TH FLOOR NEW YORK NY 10019 |
| TITLE | VP <input type="checkbox"/> Delete BENNEWIES, GARY 160 BLOOR STREET, STE 610 TORONTO ON CAM4W |
| TITLE | S <input type="checkbox"/> Delete GOODMAN, SHERYL 1700 BROADWAY, 15TH FLOOR NEW YORK NY 10019 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. Geoffrey Lyster 1075 Georgia Street West, Suite 2100 Vancouver, BC V6E 3G2 |
| TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Darrell Bricker 160 Bloor Street, Suite 610 Toronto, ON M4W 1B9 |
| TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Smith 1700 Broadway, 15th Floor New York, New York 10019 |
| TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Orest Szot 160 Bloor Street Suite 610 Toronto, ON M4W 1B9 |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP |
| 000058535280 08/12/05--01059--001 **550.00 | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP |

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:  **Richard Nachmias** 8/1/05 (212) 584-9245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #