

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90015 009 ***150.00

DOCUMENT # F03000001436					
1. Entity Name AC NIELSEN (US), INC.					
Principal Place of Business 150 N. MARTINGALE ROAD SCHAUMBURG, IL 60173			Mailing Address 150 N. MARTINGALE ROAD SCHAUMBURG, IL 60173		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3721439	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE PCEO NAME CONNORS, MICHAEL P STREET ADDRESS 770 BROADWAY CITY-ST-ZIP NEW YORK, NY 10003	<input type="checkbox"/> Delete				
TITLE EVGC NAME DOPPELT, EARL H STREET ADDRESS 770 BROADWAY CITY-ST-ZIP NEW YORK, NY 10003	<input type="checkbox"/> Delete				
TITLE VCFO NAME FAVA, CARLO STREET ADDRESS 150 N. MARTINGALE ROAD CITY-ST-ZIP SCHAUMBURG, IL 60173	<input type="checkbox"/> Delete				
TITLE VAS NAME DALLMEYER, R. FORD STREET ADDRESS 150 N. MARTINGALE ROAD CITY-ST-ZIP SCHAUMBURG, IL 60173	<input type="checkbox"/> Delete				
TITLE VAS NAME ELIAS, MICHAEL E STREET ADDRESS 299 PARK AVE., 20TH FL. CITY-ST-ZIP NEW YORK, NY 10171	<input type="checkbox"/> Delete				
TITLE VT NAME GERSKY, PETER K STREET ADDRESS 770 BROADWAY CITY-ST-ZIP NEW YORK, NY 10003	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV <input checked="" 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: <u>Mary A. Dresdow</u> Mary A. Dresdow <u>4/27/05</u> 847.605.5093 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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