

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003631

FILED
Oct 25, 2004
Secretary of State

Entity Name: YANKELOVICH PARTNERS, INC.

Current Principal Place of Business:

200 W. FRANKLIN STREET
CHAPEL HILL, NC 27516

New Principal Place of Business:

400 MEADOWMONT VILLAGE DRIVE
SUITE 431
CHAPEL HILL, NC 27517

Current Mailing Address:

200 W. FRANKLIN STREET
CHAPEL HILL, NC 27516

New Mailing Address:

400 MEADOWMONT VILLAGE DRIVE
SUITE 431
CHAPEL HILL, NC 27517

FEI Number: 13-3144268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATIONS SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESSON, BRAD
Address: 630 5TH AVE., STE. 2435
City-St-Zip: NEW YORK, NY 10111

Title: D () Delete
Name: SCHNITZER, BRUCE
Address: 630 5TH AVE., STE. 2435
City-St-Zip: NEW YORK, NY 10111

Title: D () Delete
Name: STRUCK, JOHN
Address: 630 5TH AVE., STE. 2435
City-St-Zip: NEW YORK, NY 10111

Title: D () Delete
Name: LERNER, STEVEN
Address: 206 W. FRANKLIN STREET
City-St-Zip: CHAPEL HILL, NC 27516

Title: DP () Delete
Name: SMITH, J. WALKER
Address: 200 W. FRANKLIN ST
City-St-Zip: CHAPEL HILL, NC 27516

Title: D () Delete
Name: HAIL, MIKE
Address: 410 PARADISE POINT
City-St-Zip: BOERNE, TX 78006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. CAIN IV

CFO

10/25/2004

Electronic Signature of Signing Officer or Director

_____ Date