

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90005 007 \*\*\*150.00

<b>DOCUMENT # F03000004443</b> 1. Entity Name <b>SPECTRA MARKETING SYSTEMS, INC.</b>					
Principal Place of Business <b>770 BROADWAY NEW YORK, NY 10003</b>			Mailing Address <b>SPECTRA MARKETING SYSTEMS, INC ATTN: TAX DEPT 770 BROADWAY NEW YORK, NY 10003</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>Spectra Marketing Systems, Inc.</b> Suite, Apt. #, etc. <b>40 VNU Inc, attn: Tax Dept, 770 Broadway</b>			
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>		4. FEI Number <b>36-3580291</b>	
Zip <b>10003</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, STEVE 200 W. JACKSON BLVD., SUITE 2800 CHICAGO, IL 60606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steve Wilson 200 W. Jackson Blvd., Ste. 2800 Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEINMANN, FREDERICK A 770 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, JAMES A 770 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERSKY, PETER 770 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tim Kregor 770 Broadway New York, NY 10003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tim Kregor 770 Broadway New York, NY 10003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tim Kregor 770 Broadway New York, NY 10003	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Frederick A. Steinmann, V.P.</b> <b>2/8/06</b> <b>(646) 654-4906</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					