## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000002292

Entity Name: CONILL ADVERTISING, INC.

FILED Apr 12, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	SON STREET RK, NY 10014				
Current Mailing Address:			New Mailing Address:		
35 WEST WACKER DRIVE CHICAGO, IL 60601			375 HUDSON STREET NEW YORK, NY 10014		
FEI Number: 13-3198075 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desire		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,
SIGNATUI	RE:				
		ic Signature of Registered Age	ent		Date
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () ROBERTS, KEV 375 HUDSON S NEW YORK, N	TREET	Title: Name: Address: City-St-Zip:	D () ROBERTS, KE 375 HUDSON NEW YORK, N	STREET
Title: Name: Address: City-St-Zip:	DP () COCHRANE, W 375 HUDSON S NEW YORK, N	TREET	Title: Name: Address: City-St-Zip:	DP () COCHRANE, N 375 HUDSON NEW YORK, N	STREET
Title: Name: Address: City-St-Zip:	V () THORSON, SOI 375 HUDSON S NEW YORK, N	TREET	Title: Name: Address: City-St-Zip:	VPT () MEEHAN, RIC 375 HUDSON NEW YORK, N	STREET
Title: Name: Address: City-St-Zip:	S () YOUNG, HEIDI 375 HUDSON S NEW YORK, N		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T () WHALEN, EILE 375 HUDSON S NEW YORK, N	TREET	Title: Name: Address: City-St-Zip:	CFO () WHALEN, EILI 375 HUDSON NEW YORK, N	STREET

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: COCHRANE, WILLIAM H. DP 04/12/2007