

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001104 (7)**  
1. Corporation Name  
**THE NPD GROUP, INC.**



Principal Place of Business <b>900 WEST SHORE ROAD PORT WASHINGTON NY 11050</b>	Mailing Address <b>900 WEST SHORE ROAD PORT WASHINGTON NY 11050-4624</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/08/1995</b>	3a. Date of Last Report <b>03/26/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>11-2153555</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Nat Cardillo* DATE: **1-31-97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WALTERS, RUPERT</b>		1.2 NAME		
STREET ADDRESS	<b>900 WEST SHORE ROAD</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT WASHINGTON NY</b>		1.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CATZ, LANNY</b>		2.2 NAME		
STREET ADDRESS	<b>900 WEST SHORE ROAD</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT WASHINGTON NY</b>		2.4 CITY-ST-ZIP		
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JOHNSON, TOD</b>		3.2 NAME		
STREET ADDRESS	<b>900 WEST SHORE ROAD</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT WASHINGTON NY</b>		3.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CARDILLO, NAT</b>		4.2 NAME		
STREET ADDRESS	<b>900 WEST SHORE ROAD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT WASHINGTON NY</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nat Cardillo* DATE: **1-31-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)