

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000272

1. Entity Name

THE ADVERTISING COUNCIL, INC.

Principal Place of Business

261 MADISON AVE.
NEW YORK NY 10016-2303

Mailing Address

261 MADISON AVE.
NEW YORK NY 10016-2303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-0417693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, ED	
STREET ADDRESS	261 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	OATES, J G	
STREET ADDRESS	261 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DRAKE, O. BURTH	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SARSEN, JOHN J JR.	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTELLO, JOHN	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONTON, PEGGY	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10016-2303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reilly Ed	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIR & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chairman & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLON, PEGGY	
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90066 041 ****61.25

CR2E037 (9/99)