

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0086764

DOCUMENT # F96000000272

1. Entity Name

THE ADVERTISING COUNCIL, INC.

05-17-2001 91356 021 *****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **REILLY, ED**
 STREET ADDRESS **261 MADISON AVE**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C/D** ☐ Delete
 NAME **OATES, J G**
 STREET ADDRESS **261 MADISON AVE**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **DRAKE, O. BURTCH**
 STREET ADDRESS **261 MADISON AVE.**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **SARSEN, JOHN J JR.**
 STREET ADDRESS **261 MADISON AVE.**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** ☐ Delete
 NAME **COSTELLO, JOHN**
 STREET ADDRESS **261 MADISON AVE.**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **CONLON, PEGGY**
 STREET ADDRESS **261 MADISON AVE.**
 CITY-ST-ZIP **NEW YORK NY 10016-2303**

TITLE ☐ Change ☐ Addition
 NAME
 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 reports 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Wes, mad 4-20-01

212-984-1945

CR2E037 (10/00)