2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000003406

1. Entity Name
CMGRP, INC.

Principal Place of Business	Mailing Address
640 FIFTH AVENUE NEW YORK, NY 10019 US	8000 NORMAN CENTER DRIVE 400 BLOOMINGTON, MN 55437 US

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2752668
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LESLIE, JOHN
STREET ADDRESS	640 FIFTH AVE
CITY-ST-ZIP	NY, NY 10019
TITLE	PCEO
NAME	DIAMOND, HARRIS
STREET ADDRESS	640 FIFTH AVE
CITY-ST-ZIP	NY, NY 10019
TITLE	VP C
NAME	NICHOLS, DEBRA
STREET ADDRESS	8000 NORMAN CENTER DRIVE STE 400
CITY-ST-ZIP	BLOOMINGTON, MN 55437
TITLE	VSD
NAME	CAMERO, NICHOLAS J
STREET ADDRESS	1271 AVENUE OF THE AMERICAS 44TH FL
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	TVD
NAME	BERNS, STEVEN
STREET ADDRESS	1270 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	CFO
NAME	FRANKEN, MARTIN
STREET ADDRESS	640 5TH AVE.
CITY-ST-ZIP	NEW YORK, NY 10019

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02/07706-80081-021 150.00

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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: Debra S. Nichols 1/16/06 952-832-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Date* *Daytime Phone #*