

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90012 039 ***150.00

DOCUMENT # F96000003406		
1. Entity Name CMGRP, INC.		

Principal Place of Business 640 FIFTH AVENUE NEW YORK, NY 10019 US	Mailing Address 8000 NORMAN CENTER DRIVE 400 BLOOMINGTON, MN 55437 US
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40034662



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192007 Chg-P CR2E034 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESLIE, JOHN 640 FIFTH AVE NY, NY 10019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DIAMOND, HARRIS 640 FIFTH AVE NY, NY 10019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP C NICHOLS, DEBRA 8000 NORMAN CENTER DRIVE STE 400 BLOOMINGTON, MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMERO, NICHOLAS J 1271 AVENUE OF THE AMERICAS 44TH FL NEW YORK, NY 10020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD BERNS, STEVEN 1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Ellen Johnson 1114 Avenue of the Americas NY NY 10036 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRANKEN, MARTIN 640 5TH AVE. NEW YORK, NY 10019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/07