

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003406

Entity Name: CMGRP, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

640 FIFTH AVENUE
NEW YORK, NY 10019 US

New Principal Place of Business:

919 THIRD AVENUE
NEW YORK, NY 10022 US

Current Mailing Address:

8000 NORMAN CENTER DRIVE
400
BLOOMINGTON, MN 55437 US

New Mailing Address:

FEI Number: 22-2752668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LESLIE, JOHN
Address: 919 3 AVE
City-St-Zip: NEW YORK, NY 10022

Title: PCEO () Delete
Name: DIAMOND, HARRIS
Address: 919 3RD AVE
City-St-Zip: NEW YORK, NY 10022

Title: V () Delete
Name: NICHOLS, DEBRA
Address: 8000 NORMAN CENTER DRIVE STE 400
City-St-Zip: BLOOMINGTON, MN 55437

Title: VSD () Delete
Name: CAMERO, NICHOLAS J
Address: 1114 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: VTD () Delete
Name: JOHNSON, ELLEN
Address: 1114 AVE. OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: CFO () Delete
Name: FRANKEN, MARTIN
Address: 919 3RD AVE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: CAMERA, NICHOLAS J
Address: 1114 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA S NICHOLS

V

04/23/2009

Electronic Signature of Signing Officer or Director

Date