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Apr 27 1998 8:00am  
Secretary of State

• PROFIT • CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005323 (8)**

1. Corporation Name  
**NIELSEN MEDIA RESEARCH, INC.**



Principal Place of Business <b>299 PARK AVENUE NEW YORK NY 10171</b>	Mailing Address <b>1400 NIZANT CORP., ATTN: MARYANNE PIOREK 200 NYALA FARMS ROAD WESTPORT CT 06880</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/14/1996</b>	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>06-1463993</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMLING, JOHN A</b>	1.2 NAME	
STREET ADDRESS	<b>299 PARK AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10171</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, KENNETH S</b>	2.2 NAME	
STREET ADDRESS	<b>200 NYALA FARMS RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, LESLYE G</b>	3.2 NAME	
STREET ADDRESS	<b>200 NYALA FARMS RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINKELSTEIN, JARED T</b>	4.2 NAME	
STREET ADDRESS	<b>200 NYALA FARMS RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLAND, MICHAEL T</b>	5.2 NAME	
STREET ADDRESS	<b>200 NYALA FARMS RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VPAS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ-LEEPER, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>299 PARK AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10171</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Michael T. Boland** (203)-222-4587

CR2E034 (10/97)