


**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90011 028 \*\*\*150.00

08-09-1999 90009 003 \*\*\*400.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F98000002139</b>					
1. Corporation Name <b>SOFRES INTERSEARCH CORPORATION</b>					
Principal Place of Business <b>410 HORSHAM RD.          HORSHAM PA 19044</b>			Mailing Address <b>410 HORSHAM RD.          HORSHAM PA 19044</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>04/15/1998</b>					
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		4. FEI Number <b>23-1674124</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</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 <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>C</b> NAME <b>WEILL, PIERRE</b> STREET ADDRESS <b>16, RUE BARBES, 92129 MONTROUGE CEDEX</b> CITY-ST-ZIP <b>FRANCE</b>			1.1 TITLE <b>CFO</b> 1.2 NAME <b>Rick Carbone</b> 1.3 STREET ADDRESS <b>410 Horsham Rd</b> 1.4 CITY-ST-ZIP <b>Horsham, PA 19044</b>		
TITLE <b>D</b> NAME <b>BOILLLOT, JOEL</b> STREET ADDRESS <b>16, RUE BARBES, 92129 MONTROUGE CEDEX</b> CITY-ST-ZIP <b>FRANCE</b>			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>PCEO</b> NAME <b>SHANDLER, BRUCE</b> STREET ADDRESS <b>410 HORSHAM RD.</b> CITY-ST-ZIP <b>HORSHAM PA 19044</b>			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>D</b> NAME <b>WALLARD, HENRI</b> STREET ADDRESS <b>6, RUE BARBES, 92129 MONTROUGE CEDEX</b> CITY-ST-ZIP <b>FRANCE</b>			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>D</b> NAME <b>MERRETT, BARRY L</b> STREET ADDRESS <b>144 RILEY ST., EAST SYDNEY</b> CITY-ST-ZIP <b>NEW SOUTH WALES 2010</b>			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <b>V</b> NAME <b>GRAVE, GEORGES</b> STREET ADDRESS <b>16, RUE BARBES, 92129 MONTROUGE CEDEX</b> CITY-ST-ZIP <b>FRANCE</b>			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/97 215-442-9000

Date

Daytime Phone #

CR2E034 (11/98)