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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
05-22-2001 90014 016 ***150.00

DOCUMENT # F98000002139

1. Entity Name

SOFRES INTERSEARCH CORPORATION

Principal Place of Business	Mailing Address
410 HORHSAM ROAD HORSHAM, PA 19044	

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-1674124 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

~~FILE NOW! FEE IS $150.00~~
~~After MAY 1, 2001 Fee will be $550.00~~
~~Make Check Payable to Department of State~~

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN WEILL, PIERRE 16, RUE BARBES, 92129 MONTROUGE CEDEX, FRANCE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CEO~~ SECRETARY / TREASURER RICK CARBONE 410 HORSHAM ROAD HORSHAM, PA 19044 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BOILLOT, JOEL 16 RUE BARBES, 92129 MONTROUGE CEDEX, FRANCE ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID LOWDEN DIRECTOR WESTGATE LONDON W5 1 UA ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO PRESIDENT / CEO SHANDLER, BRUCE 410 HORSHAM ROAD HORSHAM, PA 19044 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIKE KIRKHAM DIRECTOR WESTGATE LONDON W5 1 UA ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WALLARD, HENRI 6, RUE BARBES 92129 MONTROGUE CEDEX, FRANCE ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIKE SLOTZNICK ASST SECRETARY 410 HORSHAM ROAD HORSHAM, PA 19044 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MERRETT, BARRY L 144 RILEY ST., EAST SYDNEY NEW SOUTH WALES 2010 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ EXEC. VP GRAVE, GEORGES 16 RUE BARBES 92129 MONTROUGHE CEDEX, FRANCE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #