PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLOSIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F98000002139

1. Corporation Name

TAYLOR NELSON SOFRES INTERSEARCH CORPORATION

Principal Place of Business

Mailing Address

410 HORSHAM RD. HORSHAM PA 19044 410 HORSHAM RD. HORSHAM PA 19044

FILED

02 NOV 14 PH 2:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

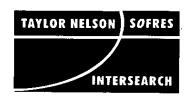


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If above addresses are incorrect in any way, line through incorrect information and enter correction below.					局层IIII 107					
New Principal Office Address, If Applicable 3. New Mail			ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 04/15/1998				
Suite, Apt. #, etc. Suite, Apt. #			f, etc.							
City & State City & State		City & State	2		5. FEI Number 23-1674124 Applied For					
		Only a chaic			6.		N	ot Applicable		
Zip	ip Country Zip		Zip	Country		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Add	dresses of Each Officer and	/or Director (Flo	orida nonprof	fit corporation	ns must list at lea	st 3 directors)		<u> </u>	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
-6-	-WEILL, PIE	RRE-	16, RUE BARBE			2129 MONTR	OUGE_	FRANCE		
S/T	CARBONE, RICK 41			410 HOF	410 HORSHAM ROAD			HORSHAM PA 19044		
PCE0	SHANDLER, BRUCE			410 HORSHAM RD.			HORSHAM PA 19044			
- D -	-LOWDEN, DAVID			-WESTGATE				-LONDON, ENGLAND-W5-		
D	SLOTZNICK, MIKE			46 H	460 HORSHAM RO			HORSHAM, PA 19044		
D	KIRKHAM, MIKE			WESTGATE				LONDON, ENGLAND W5		
-EXVP	GRAVE, GEORGES 14			16, RUE	16, RUE BARBES, 92129 MONTROUGE		DUGE	FRANCE -		
	8. Name	and Address of Current	Registered Age	ent			9. Name and	Address of New Register	ed Agent	
					N	lame				(2)
C T CORPORATION SYSTEM				S	Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD									CR2E040 (8/02)	
PLANTATION FL 33324					30008948179 3/0201017003 **750.00					
					C	ity			tate Zip Code	
10. I, being	g appointed the	registered agent of the abo	ove named corpo	oration, am fa	amiliar with ar	nd accept the ob	ligations of Sect	ion 607.0505, F.S. or 617.0)505, F.S.	
Signature of Registered	of Agent Me	ugalesté	LUTE SEGISTERED AS	LILE BENT MUST	CMARG	GARET)E.	ROUTZA nt Secretary	HN///	4/02	
11. I certify this rein	that I am an of istatement appl	ficer or director or the rece ication, the reason for diss	iver or trustee en plution has been	mpowered to eliminated, t	execute this	application as pr	rovided for in cha	apter 607 or 617, F.S. I furt	her certify that w	then filing

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



October 31, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

- Re: Document.#F98000002139

To Whom It May Concern:

Please find enclosed our fully executed Application for Reinstatement, along with our check in the amount of \$750.

If you should have any questions or problems with this application please call me at (215)-442-9058 ext 1242. Thank you.

Regards.

Bob Kron

Senior Accountant

Bol Khron