

H06000086282 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

MAR 31 AM 9:02

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002139

1. Corporation Name

Taylor Nelson Sofres Intersearch Corporation

2. Principal Office Address
2700 Oregon Road3. Mailing Office Address
1385 Enterprise Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Northwood, OHCity & State
West Chester, PAZip
43619Country
USAZip
19380Country
USA4. Date incorporated or Qualified
To Do Business in Florida 4/15/19985. FEI Number
23-1674124Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service CompanyStreet Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
TallahasseeState
FLZip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered AgentJacqueline N. Casper
Asst. VP
March 31, 2006

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Kenneth Freeman	100 Park Ave., 4th Floor	New York, NY 10017
Secretary	Michael Slotnick	1385 Enterprise Drive	West Chester, PA 19380
CFO &	Simon Marlow	100 Park Ave., 4th Floor	New York, NY 10017
Asst. Tr.	Richard Piechowski	1385 Enterprise Drive	West Chester, PA 19380
Exec. V.	John Harding	2700 Oregon Road	Northwood, OH 43619

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Piechowski

3/29/06 (610)430-6314
Date Daytime Phone #

Assistant Treasurer

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

TAYLOR NELSON SOFRES INTERSEARCH CORPORATION

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