


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90033 019 ***150.00

DOCUMENT # F98000002139			
1. Entity Name TNS CUSTOM RESEARCH, INC.			
Principal Place of Business 2700 OREGON ROAD NORTHWOOD, OH 43619		Mailing Address 1385 ENTERPRISE DRIVE WEST CHESTER, PA 19380	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2700 Oregon Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Northwood, OH	
Zip	Country	Zip	Country
		43619	
4. FEI Number 23-1674124		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP TILL, KIMBERLY 100 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Position Vacant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP LEVIN, LARRY 100 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP MCNERNEY, MATT 100 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVIN, MATT 100 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marc Levin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT PIKTCH, SUSAN 100 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Pikitah <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHWARTZ, MICHAEL 100 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Dave Frank</u>		Date: <u>4/7/08</u> Daytime Phone #: <u>419-725-8425</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT

40101032

F-980000002139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN WEINBERG
STREET ADDRESS	2700 OREGON ROAD
CITY-ST-ZIP	NORTHWOOD, OH 43619
TITLE	AT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE FRANK
STREET ADDRESS	2700 OREGON ROAD
CITY-ST-ZIP	NORTHWOOD, OH 43619