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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 20 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004772

1. Corporation Name

Issuesphere, Inc.

Principal Place of Business

Mailing Address

41 Madison Avenue, 29th Floor
New York, New York 10010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/21/98

2. Principal Place of Business

21 41 Madison Avenue

Suite, Apt. #, etc.

22 29th Floor

City & State

23 New York, New York

Zip

Country

24 10010

25 USA

2a. Mailing Address

26 41 Madison Avenue

Suite, Apt. #, etc.

27 231st Floor

City & State

28 New York, New York

Zip

Country

29 10010

30 USA

4. FEI Number

13-3860239

Applied For

Not Applicable

5. Certificate of Status Desired

25X

\$8.75 Additional

Fee Required

6. Election Campaign Financing

□

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes

26X No N/A

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

Director Wayne K. Nelson
41 Madison Avenue
New York, New York 10010

TITLE NAME ☐ DELETE

Chairman of the Board Peter J. Scarperi
105 Madison Ave., New York, NY 10016

TITLE NAME ☐ DELETE

President Steve A. Rabin
41 Madison Ave., New York, NY 10010

TITLE NAME ☐ DELETE

EVP, Secretary & Treasurer Peter Law-Gisiko
41 Madison Ave., New York, NY 10010

TITLE NAME ☐ DELETE

Assistant Secretary Thomas A. Moore
41 Madison Ave., New York, NY 10010

TITLE NAME ☐ DELETE

STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME ☐ Change ☐ Addition

Director, CEO, Chairman of the Board Peter J. Scarperi
105 Madison Ave., New York, NY 10016

21 TITLE 22 NAME ☐ Change ☐ Addition

EVP, CFO, Secretary & Treasurer Peter Law-Gisiko
41 Madison Ave., New York, NY 10010

31 TITLE 32 NAME ☐ Change ☐ Addition

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41 TITLE 42 NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

51 TITLE 52 NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

61 TITLE 62 NAME ☐ Change ☐ Addition

STREET ADDRESS 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)(l), 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 files empowered.

SIGNATURE:

Peter Law-Gisiko
Executive Vice President

7/14/99

212-684-9400

Date

Daytime Phone

2



ACCOUNT NO. : 072100000032

REFERENCE : 310496 4301770

AUTHORIZATION :

COST LIMIT : \$ 558.75

Patricia Pizut

ORDER DATE : July 16, 1999

ORDER TIME : 10:16 AM

ORDER NO. : 310496-010

CUSTOMER NO: 4301770

CUSTOMER: Mr. Darren I. Coggins
Patterson, Belknap, Webb &
1133 Avenue Of The Americas
23rd Floor
New York, NY 10036-6710

ANNUAL REPORT FILING

NAME: ISSUESPHERE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS:

RECEIVED
JUL 20 AM 11:23
TALLAHASSEE, FLORIDA