2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005156

Entity Name: PUBLICIS SELLING SOLUTIONS, INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2000 LENOX DRIVE, SUITE 100 LAWRENCEVILLE, NJ 08648				2000 LENOX DRIVE, SUITE 100 LAWRENCEVILLE, NJ 08648 US		
Current Mailing Address:				New Mailing Address:		
2000 LENOX DRIVE, SUITE 100 LAWRENCEVILLE, NJ 08648				2000 LENOX DRIVE, SUITE 100 LAWRENCEVILLE, NJ 08648 US		
FEI Number: 22-2838757 FEI Number Applied For ()			FEI Nun	El Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Nam					Address of New Re	gistered Agent:
1200 SOU PLANTATI The above	PORATION SYSTH PINE ISLANION, FL 33324 named entity selection of the sele	ND ROAD	urpose o	f changing i	ts registered office or	registered agent, or both,
SIGNATURE: Electronic Signature of Registered Agent				Date		
Election Car		g Trust Fund Contribution ().				Bate
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KELLEHER, DE	RIVE, SUITE 100		Title: Name: Address: City-St-Zip:	PDIR (X) Change IAFOLLA, MICHAEL 2000 LENOX DRIVE, SU LAWRENCEVILLE, NJ	
Title: Name: Address: City-St-Zip:	GARREAUD, AN	RIVE, SUITE 100		Title: Name: Address: City-St-Zip:	SVP (X) Change THORSON, SONDRA J 2000 LENOX DRIVE, S LAWRENCEVILLE, NJ	
Title: Name: Address: City-St-Zip:	WESTPHAL, RO	RIVE, SUITE 100		Title: Name: Address: City-St-Zip:	KELLY, KAREN 2000 LENOX DRIVE, S	
Title: Name: Address: City-St-Zip:	TRES () KELLY, KAREN 2000 LENOX D LAWRENCEVIL	TRES RIVE, SUITE 100		Title: Name: Address: City-St-Zip:	VP (X) Change GARREAUD, ANN 2000 LENOX DRIVE, S LAWRENCEVILLE, NJ	UITE 100
Title: Name: Address: City-St-Zip:	MEEHAN, RICH	RIVE, SUITE 100		Title: Name: Address: City-St-Zip:	DIR (X) Change RADY, EDWARD B 2000 LENOX DRIVE, S LAWRENCEVILLE, NJ	
Title: Name:	VPS (X)	Delete		Title:	() Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANNE MEYER POA 04/02/2009

2000 LENOX DRIVE, SUITE 100

LAWRENCEVILLE, NJ 08648

Address:

City-St-Zip: