

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000005855

1. Corporation Name

MARKET FACTS - NEW YORK, INC.

Principal Place of Business

902 BROADWAY
NEW YORK NY 10010

Mailing Address

902 BROADWAY
NEW YORK NY 10010

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

3040 W. Salt Creek Ln.

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1998

4. FEI Number

13-1960115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

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 PD ☐ DELETE

NAME SCHWARTZ, SANFORD M

STREET ADDRESS 902 BROADWAY

CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME MCMAHON, GREGORY J

STREET ADDRESS 65 MADISON AVE

CITY-ST-ZIP MORRISTOWN NJ

TITLE S ☒ DELETE

NAME WALTON, WESLEY S

STREET ADDRESS 115 S LASALLE ST

CITY-ST-ZIP CHICAGO IL

TITLE T ☐ DELETE

NAME SULLIVAN, TIMOTHY J

STREET ADDRESS 3040 W SALT CREEK LANE

ST-ZIP ARLINGTON HEIGHTS IL

TITLE CEO ☐ DELETE

NAME PAYNE, THOMAS H

STREET ADDRESS 3040 W SALT CREEK LANE

ST-ZIP ARLINGTON HEIGHTS IL

TITLE D ☐ DELETE

NAME CHURCHILL, VERNE B

STREET ADDRESS 3040 W SALT CREEK LANE

ST-ZIP ARLINGTON HEIGHTS IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(i), 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 like empowered.

SIGNATURE:

Anthony J. Solarz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/99

Daytime Phone #

847 590-2000

CR2E034 (11/98)

000405

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90094 010 ***150.00

