

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

000405

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

05-01-1999 90094 010 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1998
4. FEI Number: 13-1960115
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

2. Principal Place of Business: 21
2a. Mailing Address: 26 3040 W. Salt Creek Ln.
Suite, Apt. #, etc.: 22
City & State: 23 Arlington Hts. Ill.
Zip: 24 60005 Country: 25
Country: 29 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SCHWARTZ, SANFORD M	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 902 BROADWAY	CITY-ST-ZIP: NEW YORK NY	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: V	NAME: MCMAHON, GREGORY J	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 65 MADISON AVE	CITY-ST-ZIP: MORRISTOWN NJ	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: S	NAME: WALTON, WESLEY S	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 115 S LASALLE ST	CITY-ST-ZIP: CHICAGO IL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: T	NAME: SULLIVAN, TIMOTHY J	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 3040 W SALT CREEK LANE	CITY-ST-ZIP: ARLINGTON HEIGHTS IL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: CEO	NAME: PAYNE, THOMAS H	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 3040 W SALT CREEK LANE	CITY-ST-ZIP: ARLINGTON HEIGHTS IL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D	NAME: CHURCHILL, VERNE B	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 3040 W SALT CREEK LANE	CITY-ST-ZIP: ARLINGTON HEIGHTS IL	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

Assistant Secretary + Assist. Treasurer
Tony Solarz
3040 W. Salt Creek Ln.
Arlington Hts. Ill. 60005
Treasurer + Secretary

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 Date: 4/26/99 Daytime Phone #: 847 590-2000

CR2E034 (11/98)