

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90110 003 \*\*\*150.00

**DOCUMENT # F98000005855**

1. Entity Name

**MARKET FACTS - NEW YORK, INC.**

Principal Place of Business

**902 BROADWAY  
 NEW YORK NY 10010**

Mailing Address

**3040 W SALT CREEK LN  
 ARLINGTON HTS FL 60005-1069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-1960115**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0031738



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SCHWARTZ, SANFORD M	902 BROADWAY	NEW YORK NY	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	MCAHON, GREGORY J	65 MADISON AVE	MORRISTOWN NJ	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ASAT	SOLARZ, TONY	3040 W SALT CREEK LN	ARLINGTON HTS FL 60005	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TS	SULLIVAN, TIMOTHY J	3040 W SALT CREEK LANE	ARLINGTON HEIGHTS IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CEO	PAYNE, THOMAS H	3040 W SALT CREEK LANE	ARLINGTON HEIGHTS IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CHURCHILL, VERNE B	3040 W SALT CREEK LANE	ARLINGTON HEIGHTS IL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Anthony J. DeLa...*

2/8/00

Date

817 590-7000

Daytime Phone #

CR2E034 (9/99)