

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

0566885

**DOCUMENT # F98000005855**

1. Entity Name  
**MARKET FACTS - NEW YORK, INC.**

03-09-2001 90474 023 \*\*\*150.00

Principal Place of Business: **902 BROADWAY NEW YORK NY 10010**  
 Mailing Address: **3040 W SALT CREEK LN ARLINGTON HTS FL 60005**  
*IL*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 City & State: **IL**  
 Zip: **60005**  
 Country: **USA**

3. Mailing Address: **3040 W. Salt Creek Ln**  
 Suite, Apt. #, etc.  
 City & State: **Arlington Hts, IL**  
 Zip: **60005**  
 Country: **USA**

4. FEI Number: **13-1960115**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MCMAHON, GREGORY J</b>	
STREET ADDRESS	<b>65 MADISON AVE</b>	
CITY-ST-ZIP	<b>MORRISTOWN NJ</b>	
TITLE	<b>ASAT</b>	<input type="checkbox"/> Delete
NAME	<b>SOLARZ, TONY</b>	
STREET ADDRESS	<b>3040 W SALT CREEK LN</b>	
CITY-ST-ZIP	<b>ARLINGTON HTS FL 60005</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SULLIVAN, TIMOTHY J</b>	
STREET ADDRESS	<b>3040 W SALT CREEK LANE</b>	
CITY-ST-ZIP	<b>ARLINGTON HEIGHTS IL</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>PAYNE, THOMAS H</b>	
STREET ADDRESS	<b>3040 W SALT CREEK LANE</b>	
CITY-ST-ZIP	<b>ARLINGTON HEIGHTS IL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul Darling</b>	
STREET ADDRESS	<b>3040 W. salt creek Lane</b>	
CITY-ST-ZIP	<b>Arlington Hts, IL 60005</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Anthony J. Solarz* **Anthony J. Solarz** **1/24/01** **847-590-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)