

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000000683

1. Entity Name
AMERICAN STUDENT LIST LLC



Principal Place of Business
330 OLD COUNTRY ROAD
MINEOLA, NY 11501

Mailing Address
C/O HAVAS NA, INC.
430 MOUNTAIN AVENUE
MURRAY HILL, NJ 07974



02052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3519450

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUILLAND, PAUL
2900 N. MILITARY TRAIL, STE 140
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	DAMORE, DON
STREET ADDRESS	330 OLD COUNTRY ROAD
CITY-ST-ZIP	MINEOLA, NY 11501
TITLE	MM
NAME	HAVAS HOLDINGS INC
STREET ADDRESS	430 MOUNTAIN AVE
CITY-ST-ZIP	MURRAY HILL, NJ 07974
TITLE	VP
NAME	BAGAROTTA, PATRICK
STREET ADDRESS	430 MOUNTAIN AVE
CITY-ST-ZIP	MURRAY HILL, NJ 07974
TITLE	VP
NAME	ALEXANDER, ROBERT
STREET ADDRESS	430 MOUNTAIN AVE
CITY-ST-ZIP	MURRAY HILL, NJ 07974
TITLE	VPT
NAME	HOROWITZ, LYNN
STREET ADDRESS	430 MOUNTAIN AVE
CITY-ST-ZIP	MURRAY HILL, NJ 07974
TITLE	VPS
NAME	WYNNE, NANCY
STREET ADDRESS	350 HUDSON ST
CITY-ST-ZIP	NEW YORK, NY 10014

U00000650239
03/08/07-80001-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICK BAGAROTTA, VP,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

2/05/07

Daytime Phone #

(908) 771-7455