

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90085 010 \*\*\*138.75

**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**

**60003767**



01022008 No Chg-LLC

CR2E083 (12/07)

**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**

**BOULLAND, 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**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**

**DO NOT WRITE  
IN THIS SPACE**

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**

*Patrick J. Bagarotta*

**1/03/2008**

**(908) 771-7455**

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

Date

Daytime Phone #