

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000683

FILED
Jan 13, 2009
Secretary of State

Entity Name: AMERICAN STUDENT LIST LLC

Current Principal Place of Business:

330 OLD COUNTRY ROAD
MINEOLA, NY 11501

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O HAVAS NA, INC.
350 HUDSON STREET, 5TH FL
NEW YORK, NY 10014

FEI Number: 11-3519450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: DAMORE, DON
Address: 330 OLD COUNTRY ROAD
City-St-Zip: MINEOLA, NY 11501

Title: MM () Delete
Name: HAVAS HOLDINGS INC,
Address: 430 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: VP () Delete
Name: BAGAROTTA, PATRICK
Address: 430 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: VP () Delete
Name: ALEXANDER, ROBERT
Address: 430 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: VPT (X) Delete
Name: HOROWITZ, LYNN
Address: 430 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: VPS (X) Delete
Name: WYNNE, NANCY
Address: 350 HUDSON ST
City-St-Zip: NEW YORK, NY 10014

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: MANGANO, FRANK
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: VP (X) Change () Addition
Name: JACQUES, DILLIES
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: VPS (X) Change () Addition
Name: NANCY, WYNNE
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date