

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 26 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P11698

1. Corporation Name

Total Research Corporation

2. Principal Office Address

Princeton Corporate Center

3. Mailing Office Address

P. O. Box 5305

Suite, Apt. #, etc.

5 Independence Way

Suite, Apt. #, etc.

City & State

Princeton

Zip

08543

Country

Mercer

City & State

Princeton

Zip

08543-5305

Country

Mercer

REINSTATEMENT 99-00

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\*\*\*\*908.75 \*\*\*\*908.75

4. Date Incorporated or Qualified  
To Do Business in Florida

1990

5. FEI Number

22-2072212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cynthia Lau

Street Address (P.O. Box Number is Not Acceptable)

5130 Eisenhower Blvd,

Suite, Apt. #, Etc.

Suite 210

City

Tampa

State

FL

Zip Code

33634

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/27/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	David Brodsky	259 Clarke Avenue	Palm Beach, FL 33480
P/D	Al Angrisani	5 Gallup Road	Princeton, NJ 08540
D	John P. Freeman	c/o Emerging Growth Equities 1150 First Ave., Suite 600	King of Prussia, PA 19406
D	George Lindemann	c/o Activated Communications 767 5th Ave, 50th Floor	New York City, NY 10153
D	Howard Shecter	c/o Morgan Lewis Bockius 1701 Market St.	Phila, PA 19103
D	J. Edward Shrawder	c/o Kent Research 1716 Livingston St.	Evanston, IL 60201

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane B. Giles, Corp. Secy

Date

10/31/00

609 919-2437

Daytime Phone #

CR2E081 (9/99)

202

Title	Name	Street Address	City, State, Zip
D	Lorin Zissman	12 Angelica Court	Princeton, NJ 08540
S	Jane B. Giles	327 Green Lane	Ewing, NJ 08638