FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -7 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13406 (4)

1. Corporation Name

SIMMONS MARKET RESEARCH BUREAU, INC.

Principal Place of Business	Mailing Address
420 LEXINGTON AVENUE NEW YORK NY 10170	420 LEXINGTON AVENUE NEW YORK NY 10170

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1987
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 13-2948721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if (if any) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V/S	☒ Change ☐ Addition
NAME	STETTER, WILLIAM	12 NAME	STETTER, WILLIAM	
STREET ADDRESS	175 GREENWAY TERRACE	13 STREET ADDRESS	175 GREENWAY TERRACE	
CITY-ST-ZIP	RIVER EDGE NJ	14 CITY-ST-ZIP	RIVER EDGE, NJ	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BOWLES, TIM	22 NAME		
STREET ADDRESS	79-81 UXBRIDGE RD. HADLEY HOUSE	23 STREET ADDRESS		
CITY-ST-ZIP	EALING LO	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
NAME	COHEN, ELLEN	32 NAME	McPHETERS, REBECCA	
STREET ADDRESS	407 PARK AVE SOUTH	33 STREET ADDRESS	45 EAST END AVENUE	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	NEW YORK, NY	
TITLE	S	41 TITLE	(NONE)	☒ Change ☐ Addition
NAME	WENNER, JOAN	42 NAME		
STREET ADDRESS	ONE MARINEVIEW PLAZA	43 STREET ADDRESS		
CITY-ST-ZIP	HOBOKEN NJ	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	(NONE)	☒ Change ☐ Addition
NAME	NEUMAN, THOMAS	52 NAME		
STREET ADDRESS	69 ASPINWALD RD.	53 STREET ADDRESS		
CITY-ST-ZIP	BRIARCLIFF MANOR NY	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	(NONE)	☒ Change ☐ Addition
NAME	BARZ, EDWARD	62 NAME		
STREET ADDRESS	37 AFTERGLOW AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	MONTCLAIR NJ	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached amendment, if an addition.

SIGNATURE: _____ WILLIAM J. STETTER 2/28/95 (212) 916-8900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0473732 FP