

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P13406 (4)

1. Corporation Name

SIMMONS MARKET RESEARCH BUREAU, INC.



Principal Place of Business

Mailing Address

420 LEXINGTON AVENUE  
NEW YORK NY 10170

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NEW YORK NY 10170

3. Date Incorporated or Qualified  
02/27/1987

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
309 West 49th St

22 City & State  
New York, NY

23 Zip  
10019

24 Country

25 Country

26 Country

27 Country

28 Country

29 Country

30 Country

31 Country

32 Country

33 Country

34 Country

35 Country

36 Country

37 Country

38 Country

39 Country

40 Country

41 Country

42 Country

26 Suite, Apt. #, etc.  
309 West 49th St

27 City & State  
New York, NY

28 Zip  
10019

29 Country

30 Country

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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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS  
NAME STETTER, WILLIAM  
STREET ADDRESS 175 GREENWAY TERRACE  
CITY-ST-ZIP RIVER EDGE NJ

TITLE D  
NAME BOWLES, TIM  
STREET ADDRESS 79-81 UXBRIDGE RD. HADLEY HOUSE  
CITY-ST-ZIP EALING LO

TITLE PD  
NAME MCPHETERS, REBECCA  
STREET ADDRESS 45 EASTEND AVE.  
CITY-ST-ZIP NEW YORK NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE VS  
12 NAME Stephen Russell  
13 STREET ADDRESS 309 West 49th St  
14 CITY-ST-ZIP New York, NY 10019

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE PD  
32 NAME REBECCA Mcpheters  
33 STREET ADDRESS 309 West 49th St  
34 CITY-ST-ZIP New York, NY 10019

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

71 TITLE  
72 NAME  
73 STREET ADDRESS  
74 CITY-ST-ZIP

81 TITLE  
82 NAME  
83 STREET ADDRESS  
84 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

212-373-8924

CR2E034 (3/96)