FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23967 (3)

1. Corporation Name

BUSINESS PUBLICATIONS AUDIT OF CIRCULATION, INC.
BPAI, INC.

Principal Place of Business	Mailing Address
270 MADISON AVE. 2ND FLOOR NEW YORK NY 10016	270 MADISON AVE. 2ND FLOOR NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 13-0598110 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

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

9. Name and Address of Current Registered Agent

BOWEN, SERENA
5201 W. KENNEDY BLVD. Suite 730
TAMPA FL 33609

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 Serena L. Bowen, Manager 2/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	XX Change ☐ Addition
NAME	FOLEY, JOSEPH B.	12 NAME	Marchesano, Michael
STREET ADDRESS	270 MADISON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	XX Change ☐ Addition
NAME	MACRINI, EDWARD L.	22 NAME	
STREET ADDRESS	270 MADISON AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	XX Change ☐ Addition
NAME	WOLKING, JOSEPH A.	32 NAME	Sibley, Frank J.
STREET ADDRESS	360 PARK AVE SO	33 STREET ADDRESS	270 Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10016	34 CITY-ST-ZIP	New York, NY 10016
TITLE	T	41 TITLE	XX Change ☐ Addition
NAME	SIBLEY, FRANK J.	42 NAME	Secord, James P.
STREET ADDRESS	360 PARK AVE SO	43 STREET ADDRESS	270 Madison Avenue
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	New York, NY 10016
TITLE	D	51 TITLE	XX Change ☐ Addition
NAME	GERSON, IRWIN C.	52 NAME	Sullivan, Stephen G.
STREET ADDRESS	360 PARK AVE S	53 STREET ADDRESS	270 Madison Avenue
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	New York, NY 10016
TITLE	D	61 TITLE	XX Change ☐ Addition
NAME	SPEROS, JAMES D.	62 NAME	
STREET ADDRESS	P.O. BOX 3608 N/A	63 STREET ADDRESS	270 Madison Avenue
CITY-ST-ZIP	HARRISBURG PA Deposited By BANK	64 CITY-ST-ZIP	New York, NY 10016

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: Edward L. Macrini 2/16/95 212/779-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* Also: See Attached Director List.

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