2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # P28075** 1. Entity Name CONSUMER RESEARCH SERVICES, INC. 03-06-2001 90011 018 ***150.00 Principal Place of Business Mailing Address C/O VNU USA, INC. 12350 NORTHWEST 39TH STREET 1515 BROADWAY, 15TH FL CORAL SPRINGS FL 33065 NEW YORK NY 10036 LIS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 22-2982129 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 10003 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE #2 TALLAHASSEE FL 32301 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Detete TITLE TITLE OSHEA, DANIEL NAME NAME STREET ADDRESS 11 WEST 42ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** ☐ Addition TITLE ☐ Delete Change NAME ROSS, JAMES NAME STREET ADDRESS 1515 BROADWAY 15TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10005** _ Change -- Addition TITLE TITLE Delete = . O'HARA, JAMES NAME NAME STREET ADDRESS 11 WEST 42ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Addition ☐ Delete TITLE TITLE NAME STEINMANN, FREDERICK A NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10036** Change ☐ Addition Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CE President

Date

Date

FILED