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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:17

DOCUMENT # P29518 (8)

1. Corporation Name
THE NIELSEN-WURSTER GROUP, INC.

Principal Place of Business	Mailing Address
345 WALL STREET PRINCETON NJ 08540	345 WALL STREET PRINCETON NJ 08540

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1990
3a. Date of Last Report: 02/08/1994

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

4. FEI Number: 13-2874087 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBSEN, ROBERT F.
2160 CHARLOTTE AMALIE CT
PUNTA GORDA FL 33950

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 applicable. (NOTE: Registered Agent signature required when mandated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NIELSEN, KRIS	12 NAME	
STREET ADDRESS	CORNER OF WERTZVILLE & LINVALE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	RINGOES NJ	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	GALLOWAY, PATRICIA	22 NAME	
STREET ADDRESS	CORNER OF WERTZVILLE & LINVALE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	RINGOES NJ	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GALLOWAY, PATRICIA	32 NAME	
STREET ADDRESS	CORNER OF WERTZVILLE & LINVALE ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	RINGOES NJ	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	OWEN, JOHN	42 NAME	
STREET ADDRESS	2400 8TH AVE. N.	43 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MANNING, JAMES	52 NAME	
STREET ADDRESS	345 WALL STREET	53 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☒ Change ☐ Addition
NAME	JACOBSON, ROBERT	62 NAME	
STREET ADDRESS	2160 CHARLOTTE AMALIE CT	63 STREET ADDRESS	Delete
CITY-ST-ZIP	PUNTA GORDA FL	64 CITY-ST-ZIP	

14. I/We 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JCM James C. Manning V.P. 1/17/95 (609) 497-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473866 FP