FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P29518** **(8)**

1. Corporate Name

THE NIELSEN-WURSTER GROUP, INC.

Principal Place of Business

345 WALL STREET
PRINCETON NJ 08540

Mailing Address

345 WALL STREET
PRINCETON NJ 08540

3. Date Incorporated or Qualified: **05/25/1990**

3a. Date of Last Report: **01/20/1995**

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, ROBERT		62 NAME	
STREET ADDRESS	2160 CHARLOTTE AMALIE CT		63 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is substantially complete 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 added above or on an attachment with an (*) sign.

SIGNATURE: James C. Manning - V.P. 4/10/96 (609) 497-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Telephone Number

CR2E034 (12/95)