## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Piace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29518
1. Corporation Name
THE NIELSEN-WURSTER GROUP, INC.

(8)

Mailing Address

FILED								
Apr 15 1997	8:00am							
Secretary of	f State							



345 WALL STRE PRINCETON NJ		345 WALI, STREET PRINCETON NJ 08540-1518					
					3. Date Incorporated or Qualified 05/25/1990	3a. Date of Last Report 04/16/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	oplied For
21 26		26			13-2874087	No	ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution		to Fees
7ip	Country 25	Z(p	Coun	try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   ▼ Yes □ No		
	9. Name and Address of Cu				10. Name and Address of New Reg		
JACC	obsen, robert f.	AT PRINCIPLE OF THE PRI	8	Name			
	CHARLOTTE AMALIE CT		F	Street Add	dress (P.O. Box Number is Not Acceptab	ıle)	
PUNT	TA GORDA FL 33950			33	1000 (1.0. DOX FINITED IN THE FINE PLAN		
			Ĺ			······	
			*	34 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida State	utes, the abo	ove-named cor	poration submits this statement for the p	urpose of changing it	ls registered
office or r agent I a	registered agent, or both, in the S am familiar with, and accept the c	State of Florida. Such change was obligations of Section 607,0505. I	s authorized Florida Statu	by the corpora tes.	ation's board of directors. I hereby accep	at the appointment as	registered
SIGNATURE		renger	10.,				
Signaturi	Signature, typical or pointed name of registers	ed agent and tice if applicable (NC	O1E: Registered /	Agent signature requ	uired when reinstating)	DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		***************************************
HILE	PD	☐ DELETE	1.1 TITL	E		Change	Addition
NAME	NIELSEN, KRIS	4 - 48141 - 8018	1.2 NAM	lE			
STREET ADDRESS	CORNER OF WERTZVILLE	& LINVALE RUALI	1.3 STR	EET ADDRESS			
C-17 - S1 - 7/P	RINGOES NJ			/-ST-ZIP			
TOLE	VST	☐ DELETE	2 1 TITL	E		Change	Addition
NAME	GALLOWAY, PATRICIA	4 - 44444 P BA16	2 2 NAM	IE.			
STREET ADDRESS	CORNER OF WERTZVILLE	& LINVALE HUAU	23 STR	EET ADDRESS			
CITY-ST-ZIP	RINGOES NJ			Y - ST - ZIP			
181LE	D	☐ DELETE	3.1 TITU	E		Change	Addition
NAME	GALLOWAY, PATRICIA	A LUBIAL P DOAD	3.2 NAM	l l			
STREET ADDRESS	CORNER OF WERTZVILLE	& LINVALE RUAL	3.3 STR	EET ADDRESS			
CITY-ST ZIF	RINGOES NJ	T priest		Y-ST-ZIP	The state of the s	Clobara	- Addis
Ti7LE	VD OWEN JOHN	L DELETE	4.1 TITL			Change	Addition
NAME	OWEN, JOHN		4. 2 NA	· .			
STREET ADDRESS	2400 8TH AVE. N.			EET ADDRESS			
CHTM - ST - ZIP	SEATTLE WA	DELETE		r-ST-ZIP		Change	Addition
TITLE	MANNING, JAMES	L_ DELETÉ	5.1 TITL	1		∟ Change	L.J. Additio
NAMÉ	345 WALL STREET		5.2 NAN				
STREET ADURESS	PRINCETON NJ			EET ADDRESS (			
CITY - ST - ZIP	VD	DELETE		r-ST-ZIP		Change	Addition
TITLE	JACOBSON, ROBERT	ר"ו הנינונ	6.1 TITL	Ĭ		L Change	
NAME	2160 CHARLOTTE AMALIE	CT	6.2 NAN				
STREET ADDRESS	PUNTA GORDA FL	OI .	1	EET ADDRESS			
CITY - ST - ZIP	l			r-ST-ZIP	nd in Section 110.07/3/ii) Florida Statutor		

I do nereby certify that the interpolation supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this a initial 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 cyrporation 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 on an attachment with an address.

SIGNATURE:

KTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 (609) 497-7300

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