

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29518** (8)

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

Principal Place of Business 345 WALL STREET PRINCETON NJ 08540	Mailing Address 345 WALL STREET PRINCETON NJ 08540
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1990	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 13-2874087	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
		85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, KRIS	1.2 NAME	1425 Western Ave., #407
STREET ADDRESS	CORNER OF WERTZVILLE & LINVALE ROAD	1.3 STREET ADDRESS	Seattle, WA 98101
CITY-ST-ZIP	RINGOES NJ	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, PATRICIA	2.2 NAME	1425 Western Ave., #407
STREET ADDRESS	CORNER OF WERTZVILLE & LINVALE ROAD	2.3 STREET ADDRESS	Seattle, WA 98101
CITY-ST-ZIP	RINGOES NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, PATRICIA	3.2 NAME	1425 Western Ave., #407
STREET ADDRESS	CORNER OF WERTZVILLE & LINVALE ROAD	3.3 STREET ADDRESS	Seattle, WA 98101
CITY-ST-ZIP	RINGOES NJ	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, JOHN	4.2 NAME	
STREET ADDRESS	2400 8TH AVE. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, JAMES	5.2 NAME	
STREET ADDRESS	345 WALL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, ROBERT	6.2 NAME	
STREET ADDRESS	2160 CHARLOTTE AMALIE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE _____ 3/17/98 (609) 497-7300

CR2E034 (10/97)