


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90001 026 \*\*\*550.00

<b>DOCUMENT # P29518</b> 1. Entity Name <b>THE NIELSEN-WURSTER GROUP, INC.</b>					
Principal Place of Business <b>345 WALL STREET PRINCETON, NJ 08540</b>			Mailing Address <b>345 WALL STREET PRINCETON, NJ 08540</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>13-2874087</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JACOBSON, ROBERT F 1601 WEST MARION AVE., STE. 203H PUNTA GORDA, FL 33950-5271</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NIELSEN, KRIS R 719-2ND AVE., STE. 700 SEATTLE, WA 981041747	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACK DIGNUM 3251 EMERICK ROAD CLE ELUM, WA 98922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOWAY, PATRICIA 719-2ND AVE., STE. 700 SEATTLE, WA 981041747	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T Galloway, Patricia
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIKAIN, REBA 345 WALL STREET PRINCETON, NJ 08540	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAROLD DORBIN 10323 EARLINGTON MANOR DR. SPRING, TX 77379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAUL, MARY A 345 WALL STREET PRINCETON, NJ 08540	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAM KERIVAN 5943 INNISDALE DRIVE FAIRFAX STATION, VA 22039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERWAN, WILLIAM PO BOX 3467 FAIRFAX, VA 22036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARIA PETROV 17071 BROKEN BOW CT SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERSHBERGER, RALPH H 345 WALL STREET PRINCETON, NJ 08540	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>MARY A PAUL</u> MARY A PAUL <u>6/9/2005</u> 609/447-7300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					