

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29518

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: THE NIELSEN-WURSTER GROUP, INC.

## Current Principal Place of Business:

1060 STATE ROAD 2ND FLOOR  
PRINCETON, NJ 08540

## New Principal Place of Business:

## Current Mailing Address:

1060 STATE ROAD 2ND FLOOR  
PRINCETON, NJ 08540

## New Mailing Address:

FEI Number: 13-2874087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBSON, ROBERT F  
1601 WEST MARION AVE.,STE.203H  
PUNTA GORDA, FL 339505271 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: NIELSEN, KRIS R  
Address: 719-2ND AVE.,STE.700  
City-St-Zip: SEATTLE, WA 981041747

Title: DVT ( ) Delete  
Name: GALLOWAY, PATRICIA  
Address: 719-2ND AVE.,STE. 700  
City-St-Zip: SEATTLE, WA 981041747

Title: PD ( ) Delete  
Name: NIKAIN, REZA  
Address: 1060 STATE ROAD 2ND FLOOR  
City-St-Zip: PRINCETON, NJ 08540

Title: VSD ( ) Delete  
Name: PAUL, MARY A  
Address: 1060 STATE ROAD 2ND FLOOR  
City-St-Zip: PRINCETON, NJ 08540

Title: VD ( ) Delete  
Name: KERIVAN, WILLIAM  
Address: PO BOX 3467  
City-St-Zip: FARFAX, VA 22038

Title: V ( ) Delete  
Name: DIGNUM, JACK  
Address: 3251 EMERICK ROAD  
City-St-Zip: CLE ELUM, WA 98922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A. PAUL

VSD

03/22/2007

Electronic Signature of Signing Officer or Director

Date