

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

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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90062 043 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29551
 1. Corporation Name
NATIONAL DECISION SYSTEMS, INC.

Principal Place of Business 5375 MIRA SORRENTO PL SUITE 400 SAN DIEGO CA 92121 US	Mailing Address C/O VNU, INC 1515 BROADWAY 15TH FLOOR NEW YORK NY 10036 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 05/25/1990	
4. FEI Number 95-3362303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE #2
TALLAHASSEE FL 32301

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEELY, MARTIN R	
STREET ADDRESS	11 W 42ND ST	
CITY-ST-ZIP	NEW YORK NY 11211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, CHARLES E I	
STREET ADDRESS	11 W 42ND ST	
CITY-ST-ZIP	NEW YORK NY 11211	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NASCENZI, ROBERT	
STREET ADDRESS	5575 MIRA SORRENTO PL	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEINMANN, FREDRICK A	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COMPOGIANNIS, TOM	
STREET ADDRESS	5375 MIRA SORRENTO PL	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSS, JAMES A	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE _____ DATE _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **James A. Ross, Secretary** 1/15/99 (312) 536-5085

CR2E034 (11/98)