

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 an**  
**Secretary of State**

02-08-2000 90056 045 \*\*\*150.00

**DOCUMENT # P29551**

1. Entity Name

**NATIONAL DECISION SYSTEMS, INC.**

Principal Place of Business

Mailing Address

5375 MIRA SORRENTO PL  
 SUITE 400  
 SAN DIEGO CA 92121  
 US

C/O VNU, INC 1515 BROADWAY  
 15TH FLOOR  
 NEW YORK NY 10036  
 US

NUU11000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-3362303**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May  
 Added to F...**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEELY, MARTIN R	
STREET ADDRESS	11 W 42ND ST	
CITY-ST-ZIP	NEW YORK NY 11211	
TITLE	D	<input checked="" 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	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Dan O'Shea	
STREET ADDRESS	11 West 42nd St.	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Supplemental Report, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

212-536-51

Date

Daytime Phone #