

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90242 035 ***150.00

DOCUMENT # P29551

1. Entity 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	3. Mailing Address C/O VNU, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 770 Broadway
City & State	City & State New York, NY
Zip	Zip 10003
Country	Country USA



DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent
**NATIONAL CORPORATE RESEARCH, LTD., INC.
 1406 HAYS STREET
 SUITE #2
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	O'SHEA, DAN
STREET ADDRESS	11 W 42ND ST
CITY-ST-ZIP	NEW YORK NY 10036
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LEONARD, CHARLES E I
STREET ADDRESS	11 W 42ND ST
CITY-ST-ZIP	NEW YORK NY 10036
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *F.A. Steinmann* **Frederick A. Steinmann, V.P.** 1/18/01 (646) 654-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)