

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90019 037 \*\*\*150.00

1000003

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P40763

1. Corporation Name  
**NATIONAL CORPORATE RESEARCH, LTD., INC.**

|  |  |
|--|--|
| Principal Place of Business<br>225 WEST 34TH STREET<br>SUITE 2110<br>NEW YORK NY 10122 | Mailing Address<br>225 WEST 34TH STREET<br>SUITE 2110<br>NEW YORK NY 10122 |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                     |                      |                                     |                      |  |  |
|-------------------------------------|----------------------|-------------------------------------|----------------------|--|--|
| 2. Principal Place of Business      |                      | 2a. Mailing Address                 |                      | 3. Date Incorporated or Qualified  |  |
| 21                                  | 225 West 34th Street | 26                                  | 225 West 34th Street | 10/02/1992   |  |
| Suite, Apt. #, etc.<br>22 Suite 910 |                      | Suite, Apt. #, etc.<br>27 Suite 910 |                      | 4. FEI Number<br>13-3246732  |  |
| City & State<br>23 New York, NY     |                      | City & State<br>28 New York, NY     |                      | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| Zip<br>24 10122                     |                      | Zip<br>29 10122                     |                      | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                       |  |
| Country<br>25                       |                      | Country<br>30                       |                      | 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   |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| PARALEGAL AND ATTORNEY SERVICE BUREAU, INC<br>1406 HAYS STREET, SUITE 2<br>TALLAHASSEE FL 32301 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | DPT <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       | WAGNER, HOWARD                       | 1.2 NAME  |   |
| STREET ADDRESS             | 225 W. 34TH STREET, STE. 910         | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NEW YORK NY 10122                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DVPS <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       | WAGNER, JOAN                         | 2.2 NAME  |   |
| STREET ADDRESS             | 225 W. 34TH STREET, STE. 910         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NEW YORK NY 10122                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VP <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       | JACOBI, BRUCE                        | 3.2 NAME  |   |
| STREET ADDRESS             | 225 W. 34TH STREET, STE. 910         | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NEW YORK NY 10122                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE   | Assistant V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME  | John Morrissey  |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    | 225 West 34th Street; Suite 910   |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       | New York, NY 10122  |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 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: John Morrissey 1/7/99 (212) 947-7200  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #  
 John Morrissey, Assistant V.P.

CR2E034 (11/98)