

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214547374

1.) CORPORATION NAME:

**Golin/Harris International, Inc.**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAPITOL CORPORATE SERVICES, INC.  
10 S. JEFFERSON ST.  
SUITE 1400**

SCC ID NO: **03651957**

**ROANOKE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 875 MICHIGAN AVENUE STE 1900

CITY/ST/ZIP: CHICAGO, IL 60611

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRED COOK	
TITLE:	PRES/CEO	
ADDRESS:	875 MICHIGAN AVENUE #1900	
CITY/ST/ZIP/CO:	CHICAGO, IL 60611	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREW BONZANI	
TITLE:	VICE PRESIDENT	
ADDRESS:	1114 AVENUE OF THE AMERICAS	
CITY/ST/ZIP/CO:	NEW YORK, NY 10036	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELLEN JOHNSON	
TITLE:	VP/TREAS	
ADDRESS:	1114 AVE OF THE AMERICAS	
CITY/ST/ZIP/CO:	NEW YORK, NY 10036	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANTHONY ALEXANDROU	
TITLE:	VICE PRESIDENT	
ADDRESS:	1114 AVENUE OF THE AMERICAS	
CITY/ST/ZIP/CO:	NEW YORK, NY 10036	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN GILLIAM	
TITLE:	VICE PRESIDENT	
ADDRESS:	13801 FNB PARKWAY	
CITY/ST/ZIP/CO:	OMAHA, NE 68154	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DEBRA NICHOLS	
TITLE:	VP/CONT	
ADDRESS:	8000 NORMAN CENTER DRIVE	
CITY/ST/ZIP/CO:	STE 400 BLOOMINGTON, MN 55437	

NAME: JACQUELINE STONE TITLE: VICE PRESIDENT ADDRESS: 13801 FNB PARKWAY CITY/ST/ZIP/CO: OMAHA, NE 68154	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN BECK TITLE: CFO ADDRESS: 875 MICHIGAN AVE CITY/ST/ZIP/CO: STE 1900 CHICAGO, IL 60611	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JIM CHIRICO TITLE: ASST SECRETARY ADDRESS: 1114 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ABBY GOLD TITLE: CHRO ADDRESS: 919 THIRD AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARTIN FRANKEN TITLE: DIRECTOR ADDRESS: 919 THIRD AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DEBRA NICHOLS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA NICHOLS, VP/CONT PRINTED NAME AND CORPORATE TITLE	10/24/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		