## Edgar Filing: Scott James D - Form 4

| Scott James D<br>Form 4                                                                                                                                                                                                                                                                 |                                     |                                                               |                                                         |                                        |                                                     |                                          |                                                                                                                                                                                       |                                                                      |                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|-----------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--|
| December 21, 2                                                                                                                                                                                                                                                                          | 2005                                |                                                               |                                                         |                                        |                                                     |                                          |                                                                                                                                                                                       |                                                                      |                                                                   |  |
| FORM                                                                                                                                                                                                                                                                                    | 4                                   |                                                               | GEGU                                                    |                                        |                                                     |                                          |                                                                                                                                                                                       |                                                                      | PPROVAL                                                           |  |
|                                                                                                                                                                                                                                                                                         | UNITED                              | STATES                                                        |                                                         | RITIES A<br>shington                   |                                                     |                                          | COMMISSIO                                                                                                                                                                             | N OMB<br>Number:                                                     | 3235-0287                                                         |  |
| Check this b<br>if no longer<br>subject to<br>Section 16.                                                                                                                                                                                                                               |                                     | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |                                                         |                                        |                                                     |                                          |                                                                                                                                                                                       |                                                                      |                                                                   |  |
| Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |                                     |                                                               |                                                         |                                        |                                                     |                                          |                                                                                                                                                                                       |                                                                      | . 0.5                                                             |  |
| (Print or Type Res                                                                                                                                                                                                                                                                      | sponses)                            |                                                               |                                                         |                                        |                                                     |                                          |                                                                                                                                                                                       |                                                                      |                                                                   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Scott James D                                                                                                                                                                                                                       |                                     |                                                               | Symbol                                                  | er Name <b>an</b><br>NFO COR           |                                                     | -                                        | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                                                                                         |                                                                      |                                                                   |  |
| (Last)                                                                                                                                                                                                                                                                                  | (First) (I                          | Middle)                                                       | 3. Date of Earliest Transaction                         |                                        |                                                     |                                          |                                                                                                                                                                                       | eck an applicabl                                                     | e)                                                                |  |
| ONE GLOBAL VIEW                                                                                                                                                                                                                                                                         |                                     |                                                               | (Month/Day/Year)<br>12/20/2005                          |                                        |                                                     |                                          | Director 10% Owner<br>X_ Officer (give title Other (specify<br>below)<br>Vice President-Engineering                                                                                   |                                                                      |                                                                   |  |
| (Street)                                                                                                                                                                                                                                                                                |                                     |                                                               | 4. If Amendment, Date Original<br>Filed(Month/Day/Year) |                                        |                                                     |                                          | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting</li> </ul> |                                                                      |                                                                   |  |
| TROY, NY 12                                                                                                                                                                                                                                                                             | 2180                                |                                                               |                                                         |                                        |                                                     |                                          | Person                                                                                                                                                                                | More mur one re                                                      | eporting                                                          |  |
| (City)                                                                                                                                                                                                                                                                                  | (State)                             | (Zip)                                                         | Tab                                                     | ole I - Non-l                          | Derivative                                          | Securities A                             | cquired, Disposed                                                                                                                                                                     | of, or Beneficia                                                     | lly Owned                                                         |  |
|                                                                                                                                                                                                                                                                                         | Transaction Date<br>Ionth/Day/Year) | 2A. Deemo<br>Execution<br>any<br>(Month/Da                    | Date, if                                                | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securit<br>nAcquired<br>Disposed<br>(Instr. 3, 4 | (A) or<br>of (D)<br>and 5)<br>(A)        | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)                                                                                        | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|                                                                                                                                                                                                                                                                                         |                                     |                                                               |                                                         | Code V                                 | Amount                                              | or<br>(D) Price                          | (Instr. 3 and 4)                                                                                                                                                                      |                                                                      |                                                                   |  |
| Reminder: Report                                                                                                                                                                                                                                                                        | on a separate line                  | for each cla                                                  | ass of sec                                              | urities bene                           | -                                                   | -                                        | -                                                                                                                                                                                     |                                                                      |                                                                   |  |
|                                                                                                                                                                                                                                                                                         |                                     |                                                               |                                                         |                                        | infor <del>n</del><br>requir                        | nation cont<br>ed to respo<br>ys a curre | spond to the colle<br>tained in this form<br>ond unless the fo<br>ntly valid OMB co                                                                                                   | n are not<br>rm                                                      | SEC 1474<br>(9-02)                                                |  |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5. Number of | 6. Date Exercisable and | 7. Title and Amou |
|-------------|-------------|---------------------|--------------------|------------|--------------|-------------------------|-------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | orDerivative | Expiration Date         | Underlying Secur  |
| Security    | or Exercise |                     | any                | Code       | Securities   | (Month/Day/Year)        | (Instr. 3 and 4)  |

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| (Instr. 3)                                      | ) Price of<br>Derivative<br>Security |            | (Month/Day/Year) (Instr. 8) |      | Acquired<br>or Dispose<br>(D)<br>(Instr. 3, 4<br>and 5) | ed of  |     |                     |                    |                 |                        |
|-------------------------------------------------|--------------------------------------|------------|-----------------------------|------|---------------------------------------------------------|--------|-----|---------------------|--------------------|-----------------|------------------------|
|                                                 |                                      |            |                             | Code | v                                                       | (A)    | (D) | Date<br>Exercisable | Expiration<br>Date | Title           | An<br>or<br>Nu<br>of S |
| Non-Qualified<br>Stock Option<br>(right to buy) | \$ 13.65                             | 12/20/2005 |                             | А    |                                                         | 20,000 |     | 12/20/2009          | 12/20/2010         | Common<br>Stock | 20                     |

## **Reporting Owners**

| Reporting Owner Name / Address                     | Relationships |           |                               |       |  |  |  |  |
|----------------------------------------------------|---------------|-----------|-------------------------------|-------|--|--|--|--|
|                                                    | Director      | 10% Owner | Officer                       | Other |  |  |  |  |
| Scott James D<br>ONE GLOBAL VIEW<br>TROY, NY 12180 |               |           | Vice<br>President-Engineering |       |  |  |  |  |
| Signatures                                         |               |           |                               |       |  |  |  |  |

By: Sally A. Rice For: James D. Scott

12/21/2005

Date

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.