

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
5/11/95 11:09:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **814949** (4)
1. Corporation Name:
MCCANN-ERICKSON USA, INC.

Principal Place of Business: **750 3RD AVE. 4TH FL - TAX DEPT. NEW YORK NY 10017 US**
Mailing Address: **750 THIRD AVE. 46TH FL-TAX DEPT. NEW YORK NY 10017-9701 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 750 Third Avenue	12/27/1960	10/19/1994
22 Suite Apt #, etc	27 4th Floor - Tax Dept.	4. FEI Number	Applied For
23 City & State	28 New York, New York	13-1938691	Not Applicable
24 Zip	29 10017	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent) _____ (Signature of Registered Agent) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONER, JOHN J.	12 NAME	
STREET ADDRESS	750 THIRD AVE	13 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	14 CITY, ST, ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSTER, ALAN M.	22 NAME	
STREET ADDRESS	1271 AVE OF THE AMERICAS	23 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BRUCE	32 NAME	
STREET ADDRESS	750 THIRD AVE	33 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	34 CITY, ST, ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, ARTHUR M.	42 NAME	
STREET ADDRESS	750 3RD AVE.	43 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	44 CITY, ST, ZIP	
TITLE	S	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLESPIE, JANE	52 NAME	
STREET ADDRESS	1271 AVE OF THE AMERICAS	53 STREET ADDRESS	HOEY, MARJORIE
CITY, ST, ZIP	NEW YORK NY	54 CITY, ST, ZIP	1271 Avenue of the Americas
TITLE	AS	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDGE, CHRISTOPHER	62 NAME	
STREET ADDRESS	1271 AVE OF THE AMERICAS	63 STREET ADDRESS	SKIM, PETER
CITY, ST, ZIP	NEW YORK NY	64 CITY, ST, ZIP	750 Third Avenue
			New York, New York 10017

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Sections 110.07(3)(k), 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.

SIGNATURE: **ARTHUR MASON** *Arthur Mason* **5/1/95** **6/21/94-2994**
VICE PRESIDENT - TAXES