

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

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



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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30

3. Date Incorporated or Qualified **12/27/1960** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **13-1938691** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and first agent (circle the Registered Agent's signature) (typed or printed name of registered agent)

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>P</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>DOONER, JOHN J.</b>          |                                 |
| STREET ADDRESS | <b>750 THIRD AVE</b>            |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>              |                                 |
| TITLE          | <b>T</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>FORSTER, ALAN M.</b>         |                                 |
| STREET ADDRESS | <b>1271 AVE OF THE AMERICAS</b> |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>              |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>NELSON, BRUCE</b>            |                                 |
| STREET ADDRESS | <b>750 THIRD AVE</b>            |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>              |                                 |
| TITLE          | <b>V</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>MASON, ARTHUR M.</b>         |                                 |
| STREET ADDRESS | <b>750 3RD AVE.</b>             |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>              |                                 |
| TITLE          | <b>S</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>HOEY, MARJORIE</b>           |                                 |
| STREET ADDRESS | <b>1271 AVE OF THE AMERICAS</b> |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>              |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>KIM, PETER</b>               |                                 |
| STREET ADDRESS | <b>750 THIRD AVENUE</b>         |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | <b>1271 AVENUE OF THE AMERICAS</b>   |
| 4.4 CITY-ST-ZIP    | <b>NEW YORK, NEW YORK 10020</b>  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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** 5/1/96 (212) 399-8103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VICE PRESIDENT - TAXES**

CR2E034 (12/95)