

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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90183 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 814949

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.
 4TH FLOOR - TAX DEPT.
 NEW YORK NY 10017-9701
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **ONE DAG HAMMARSKJOLD PLAZA**
 Suite, Apt. #, etc.
 22 **7TH FLR. TAX DEPT.**
 City & State
 23 **NEW YORK, N.Y.**
 Zip Country
 24 **10017** 25

2a. Mailing Address
 26 **ONE DAG HAMMARSKJOLD PLAZA**
 Suite, Apt. #, etc.
 27 **7TH FLR. TAX DEPT.**
 City & State
 28 **NEW YORK, NY**
 Zip Country
 29 **10017** 30

3. Date Incorporated or Qualified
12/27/1960

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 owes the current year Intangible Personal Property Tax. Yes No

9. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONER, JOHN J.	1.2 NAME	
STREET ADDRESS	750 THIRD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSTER, ALAN M.	2.2 NAME	
STREET ADDRESS	1271 AVE OF THE AMERICAS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BRUCE	3.2 NAME	
STREET ADDRESS	750 THIRD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, ARTHUR M.	4.2 NAME	
STREET ADDRESS	1271 AVE OF THE AMERICAS	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEY, MARJORIE	5.2 NAME	
STREET ADDRESS	1271 AVE OF THE AMERICAS	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA GRECA, SALVATORE	6.2 NAME	
STREET ADDRESS	750 THIRD AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	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: Arthur M. Mason **ARTHUR MASON - VP - TAXES** 4/28/99 (212) 326-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)