

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814949

1. Entity Name

MCCANN-ERICKSON USA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 036 ***150.00

Principal Place of Business DAG HAMMARSKJOLD PLAZA FLR. TAX DEPT YORK NY 10017	Mailing Address 1 DAG HAMMARSKJOLD PLAZA 7TH FLR. TAX DEPT NEW YORK NY 10017-2201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address C/O IPG TAX DEPT. 136 MADISON AVENUE 6TH FLOOR NEW YORK, NY 10016
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4. FEI Number 13-1938691	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DOONER, JOHN J.	
STREET ADDRESS	750 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FORSTER, ALAN M.	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, BRUCE	
STREET ADDRESS	750 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASON, ARTHUR M.	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOEY, MARJORIE	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	LA GRECA, SALVATORE	
STREET ADDRESS	750 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNS, STEVEN	
STREET ADDRESS	136 MADISON AVENUE, 6TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, ARTHUR M.	
STREET ADDRESS	136 MADISON AVENUE, 5TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur M. Mason ARTHUR M. MASON - VICE PRES. 4/27/2000 (212) 951-5232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)