

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814949

MCCANN-ERICKSON USA, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90059 015 ***150.00

00056336

DO NOT WRITE IN THIS SPACE

Principal Place of Business 136 Madison Avenue 6th Floor Tax Dept New York, NY 10016		Mailing Address 136 Madison Avenue 6th Floor Tax Dept New York, NY 10016	
2. Principal Place of Business 136 MADISON AVENUE Suite, Apt. #, etc. 6th FLOOR TAX DEPT		3. Mailing Address 136 MADISON AVENUE Suite, Apt. #, etc. 6th FLOOR	
City & State NEW YORK, NY		City & State NEW YORK, NY	
4. FEI Number 13-1938691	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
Zip 10016	Country U.S.A.	Zip 10016	Country U.S.A.

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	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

FILE NOW! FEE IS \$150.00
After May 1, 2001 Fee will be \$200.00
State Check payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DOONER, JOHN J. STREET ADDRESS 750 THIRD AVE CITY-ST-ZIP NEW YORK, NY	<input type="checkbox"/> Delete	TITLE D NAME DOONER, JOHN J. STREET ADDRESS 1271 AVE. OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME BERNS, STEVEN STREET ADDRESS 136 MADISON AVENUE - 6TH FLOOR CITY-ST-ZIP NEW YORK, NY 10016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NELSON, BRUCE STREET ADDRESS 750 THIRD AVE CITY-ST-ZIP NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MASON, ARTHUR M. STREET ADDRESS 136 MADISON AVENUE, 6TH FLOOR CITY-ST-ZIP NEW YORK, NY 10016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME HOEV, MARJORIE STREET ADDRESS 1271 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LA GRECA, SALVATORE STREET ADDRESS 750 THIRD AVE CITY-ST-ZIP NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Mason ARTHUR M. MASON - VP 5/1/2001 (212) 951-5232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)