


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90027 032 ***150.00

DOCUMENT # 814949 1. Entity Name MCCANN-ERICKSON USA, INC.	
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Principal Place of Business 1114 6TH AVENUE 18TH FLOOR NEW YORK, NY 10036 US	Mailing Address 1114 6TH AVENUE 18TH FLOOR NEW YORK, NY 10036 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03022005 Chg-P CR2E034 (10/03)

4. FEI Number 13-1938691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECINE, GEORGE <input type="checkbox"/> Delete 622 THIRD AVE NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOONER, JOHN J <input type="checkbox"/> Delete 622 THIRD AVE NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERA, NICHOLAS J <input type="checkbox"/> Delete 1114 6TH AVENUE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASON, ARTHUR M. <input checked="" type="checkbox"/> Delete 1114 6TH AVENUE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMERA, NICHOLAS J <input type="checkbox"/> Delete 1114 6TH AVENUE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RAJAN, RAMESH <input type="checkbox"/> Delete 622 3RD AVENUE NEW YORK, NY 10014

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VICE PRESIDENT - TAXES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALBERT S. CONTE 1114 6TH AVE. NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - TAXES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHRISTOPHER WARDONE 1114 6TH AVE. NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Wardone 3/2/05 (22) 704-1429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #