

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814949

FILED
Apr 15, 2009
Secretary of State

Entity Name: MCCANN-ERICKSON USA, INC.

Current Principal Place of Business:

622 THIRD AVENUE
NEW YORK, NY 10017 US

New Principal Place of Business:

Current Mailing Address:

1114 6TH AVENUE
18TH FLOOR - TAX DEPT
NEW YORK, NY 10036 US

New Mailing Address:

FEI Number: 13-1938691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOEY, MARJORIE M
Address: 1114 6TH AVE
City-St-Zip: NEW YORK, NY 10036

Title: P () Delete
Name: DOONER, JOHN J
Address: 622 THIRD AVE
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: CAMERA, NICHOLAS J
Address: 1114 6TH AVENUE
City-St-Zip: NEW YORK, NY 10036

Title: AS () Delete
Name: CHIRICO, JAMES J
Address: 1114 6TH AVENUE
City-St-Zip: NEW YORK, NY 10036

Title: S () Delete
Name: CAMERA, NICHOLAS J
Address: 1114 6TH AVENUE
City-St-Zip: NEW YORK, NY 10036

Title: CFO () Delete
Name: LEE, GARY
Address: 622 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J CHIRICO

AS

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date