

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814949

FILED  
Apr 10, 2012  
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 AVENUE OF THE AMERICAS  
18TH FLOOR  
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:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: BRIEN, NICK  
Address: 622 THIRD AVENUE  
City-St-Zip: NEW YORK, NY 10017 US

Title: CFO  
Name: COMONTE, TARA  
Address: 622 THIRD AVE  
City-St-Zip: NEW YORK, NY 10017 US

Title: VP S  
Name: BONZANI, ANDREW  
Address: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR  
City-St-Zip: NEW YORK, NY 10036 US

Title: VP T  
Name: JOHNSON, ELLEN T  
Address: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR  
City-St-Zip: NEW YORK, NY 10036 US

Title: AS  
Name: CHIRICO, JIM  
Address: 1114 AVENUE OF THE AMERICAS, 18TH FLOOR  
City-St-Zip: NEW YORK, NY 10036 US

I hereby 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 all other like empowered.

SIGNATURE: JIM CHIRICO

AS

04/10/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date