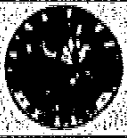


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED AND FILED
95 APR 19 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 824087 (1)
1. Corporation Name
MCCANN-ERICKSON MARKETING INC

Principal Place of Business: **TAX DPT. 4TH FL. 750 THIRD AVE NEW YORK NY 10017**
Mailing Address: **TAX DPT 4TH FL. 750 THIRD AVE NEW YORK NY 10017**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified: **02/05/1970**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **13-1856070**
Applied For: \$8.75 Additional Fee Required
 Not Applicable

5. Certificate of Status Desired: \$5.00 May Be Added to Fees
 Trust Fund Contribution

9. This corporation has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	JAMES ROBERT L
STREET ADDRESS	750 - 3RD AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	PD
NAME	DOONER, JOHN J
STREET ADDRESS	750 3RD AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	T
NAME	FORSTER, ALAN M.
STREET ADDRESS	1271 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY
TITLE	VD
NAME	CABEZAS, ROBERT T.
STREET ADDRESS	750 3RD AVE.
CITY - ST - ZIP	NEW YORK NY
TITLE	EVP
NAME	MOREIRA, MARCIO M.
STREET ADDRESS	750 - 3RD AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	V
NAME	MASON, ARTHUR
STREET ADDRESS	750 - 3RD AVENUE
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John J. Dooner	
1.3 STREET ADDRESS	750 - 3rd Avenue	
1.4 CITY - ST - ZIP	New York NY	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur Mason **ARTHUR MASON VICE PRESIDENT** TAXES 4/1/95 (a) 984-2984
SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR Date Daytime Phone #