

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90183 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 824087**

1. Corporation Name  
**MCCANN-ERICKSON MARKETING INC**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/05/1970</b>	Applied For Not Applicable
4. FEI Number <b>13-1856070</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional - Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>ONE DAG HAMMARSKJOLD PLAZA</b>	2a. Mailing Address 26 <b>ONE DAG HAMMARSKJOLD PLAZA</b>
Suite, Apt. #, etc. 22 <b>7TH FLR - TAX DEPT.</b>	Suite, Apt. #, etc. 27 <b>7TH FLR - TAX DEPT.</b>
City & State 23 <b>NEW YORK, NY</b>	City & State 28 <b>NEW YORK, NY</b>
Zip 24 <b>10017</b>	Zip 29 <b>10017</b>
Country 25	Country 30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN J. DOONER</b>	1.2 NAME	
STREET ADDRESS	<b>750 3RD AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARJORIE HOEY</b>	2.2 NAME	
STREET ADDRESS	<b>1271 AVENUE OF THE AMERICAS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORSTER, ALAN M.</b>	3.2 NAME	
STREET ADDRESS	<b>1271 AVE OF THE AMERICAS</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EUGENE P. BEARD</b>	4.2 NAME	
STREET ADDRESS	<b>1271 AVENUE OF THE AMERICAS</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOREIRA, MARCIO M.</b>	5.2 NAME	
STREET ADDRESS	<b>750 - 3RD AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, ARTHUR</b>	6.2 NAME	
STREET ADDRESS	<b>1271 AVE OF THE AMERICAS</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Arthur Mason **ARTHUR MASON - J.P. TAXES** 4/28/99 (212) 326-4101  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)