



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90114 030 \*\*\*150.00

<b>DOCUMENT # 824087</b> 1. Entity Name <b>MCCANN-ERICKSON MARKETING INC</b>					
Principal Place of Business <b>136 MADISON AVENUE 6TH FLOOR TAX DEPT NEW YORK, NY 10016 US</b>				Mailing Address <b>136 MADISON AVENUE 6TH FLOOR TAX DEPT NEW YORK, NY 10016 US</b>	
2. Principal Place of Business <b>1114 6th avenue</b>		3. Mailing Address <b>1114 6th avenue</b>			
Suite, Apt. #, etc. <b>18th floor</b>		Suite, Apt. #, etc. <b>18th floor</b>			
City & State <b>NY, NY</b>		City & State <b>NY, NY</b>			
Zip <b>10036</b>		Zip <b>10036</b>			
Country <b>USA</b>		Country <b>USA</b>		04292004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>13-1856070</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEEKIN, JAMES R 622 THIRD AVENUE NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOONER, JOHN J. 622 3rd AVENUE NY, NY 10014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMERA, NICHOLAS J 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMERA, NICHOLAS J. 1114 6th AVENUE NY, NY 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNS, STEVEN 1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNS, STEVEN 1114 6th AVENUE NY, NY 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGRECA, SALVATORE 622 THIRD AVENUE NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERA, NICHOLAS J. 1114 6th AVENUE NY, NY 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MOREIRA, MARCIO M. 622 THIRD AVENUE NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RAJAN, RAMESH 622 3rd AVENUE NY, NY 10014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASON, ARTHUR 1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASON, ARTHUR 1114 6th AVENUE NY, NY 10036	<input checked="" 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.					
<b>SIGNATURE:</b> <u>Arthur Mason</u> <b>ARTHUR M. MASON</b>			4/30/04		212-621-5706
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>