PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
01 NOV -9 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005301

1. Corporation Name

LEO BURNETT USA, INC.

Principal Place of Business	Mailing Address
35 WEST WACKER DRIVE CHICAGO IL 60601	35 WEST WACKER DRIVE CHICAGO IL 60601

REINSTATEMENT 2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
		Attn: Legal Department	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/2000

5. FEI Number: 36-0856910 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

200000469082 2--2
-11/21/01--01043--018
****750.00 ****750.00

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
~~CEO~~	~~WOLF, LINDA S~~	~~35 WEST WACKER DRIVE~~	~~CHICAGO IL 60601~~
~~PD~~	~~BISHOP, MARY O~~	~~35 WEST WACKER DRIVE~~	~~CHICAGO IL 60601~~
~~D~~	~~FINKLER, JEFFREY~~	~~35 WEST WACKER DRIVE~~	~~CHICAGO IL 60601~~
~~CAO~~	~~CHICHESTER, ALLEN C~~	~~35 WEST WACKER DRIVE~~	~~CHICAGO IL 60601~~
~~COO~~	~~BRINEGAR, BRAD W~~	~~35 WEST WACKER DRIVE~~	~~CHICAGO IL 60601~~
	see attached		

200000469082 2--2
-11/21/01--01043--019
******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Connie Bryan SIGNATURE REQUIRED
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN
Date: 11-9-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Carla R. Michelotti SIGNATURE REQUIRED Carla R. Michelotti Secretary 11/7/01 312-220-3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Leo Burnett USA, Inc.
Florida Application for Reinstatement
Item 7- Directors & Officers

Name	Title(s)	Address
Cheryl R. Berman	Chair Chief Creative Officer Director	35 West Wacker Drive Chicago, IL 60601
Robert C. Brennan	Director	35 West Wacker Drive Chicago, IL 60601
Carla R. Michelotti	General Counsel Secretary	35 West Wacker Drive Chicago, IL 60601
Paul R. Eichelman	Treasurer	35 West Wacker Drive Chicago, IL 60601
Sondra J. Thorson	Assistant Secretary	35 West Wacker Drive Chicago, IL 60601

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Leo Burnett USA Inc.

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (x) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	(x) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name
Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/9/01

MG

Order#: 490411-6

Ref#: _____

Amount: $ _____

RECEIVED
01 NOV -9 PM 3:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615