

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90201 017 \*\*\*550.00

**DOCUMENT # F00000006049**

1. Entity Name  
**MINDSHARE USA, INC.**

Principal Place of Business

**825 8TH AVENUE  
 NEW YORK NY 10019**

Mailing Address

**825 8TH AVENUE  
 NEW YORK NY 10019**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address **125 PARK AVE  
 C/O WPP GROUP USA, INC.**

Suite, Apt. #, etc.

**TAX DEPT 4FL  
 NEW YORK NY**

Zip

Country

**10017-5529 NEW YORK**

4. FEI Number

**55-2228835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete  
 NAME **GOTLIEB, IRWIN**  
 STREET ADDRESS **825 8TH AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **STD** ☐ Delete  
 NAME **HOWE, MARY ELLEN**  
 STREET ADDRESS **309 WEST 49TH STREET**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **VD** ☐ Delete  
 NAME **NEUMAN, TOM**  
 STREET ADDRESS **309 WEST 49TH STREET**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ Delete  
 NAME **DAY, RUPERT**  
 STREET ADDRESS **40 STRAND**  
 CITY-ST-ZIP **LONDON, WC2N 5RF, ENGLAND**

TITLE **D** ☐ Delete  
 NAME **PROCTOR, DOMINIC**  
 STREET ADDRESS **40 STRAND**  
 CITY-ST-ZIP **LONDON, WC2N 5RF, ENGLAND**

TITLE **D** ☐ Delete  
 NAME **SALAMA, ERIC**  
 STREET ADDRESS **27 FARM STREET**  
 CITY-ST-ZIP **LONDON, W1X 6RD, ENGLAND**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **125 PARK AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **125 PARK AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TOM NEUMAN, VICE PRES** 7/20/01 (212)632-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)