

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90406 029 ***150.00

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1. Entity Name
 TRUE NORTH COMMUNICATIONS INC.



14013816

Principal Place of Business
 13801 FNB PARKWAY
 OMAHA, NE 68154

Mailing Address
 13801 FNB PARKWAY
 OMAHA, NE 68154

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country



02102005 Chg-P CR2E034 (10/03)

4. FEI Number
 36-1088161

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	CONTE, ALBERT	
STREET ADDRESS	1270 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	STONE, JACQUELIN	
STREET ADDRESS	13801 FNB PARKWAY	
CITY-ST-ZIP	OMAHA, NE 68128	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERA, NICHOLAS J	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS, 44TH FL	
CITY-ST-ZIP	NEW YORK, NY 10020	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BELL, DAVID A	
STREET ADDRESS	101 EAST ERIE STREET	
CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BERNS, STEVEN	
STREET ADDRESS	1270 AVENUE OF THE AMERICAS, 7TH FL	
CITY-ST-ZIP	NEW YORK, NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEGEL, STEVEN	
STREET ADDRESS	13801 FNB PARKWAY	
CITY-ST-ZIP	OMAHA, NE 68154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN JOHNSON - TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1114 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: _____ DATE: 5/2/05 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR