


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90146 027 ***150.00

DOCUMENT # F0100000908

1. Entity Name
TRUE NORTH COMMUNICATIONS INC.



Principal Place of Business: **13801 FNB PARKWAY OMAHA, NE 68154**
 Mailing Address: **13801 FNB PARKWAY OMAHA, NE 68154**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

40050110



04252008 Chg-P CR2E034 (12/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 checked="" 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	VPAS	<input type="checkbox"/> Delete
NAME	HOGY, MARJORIE M	
STREET ADDRESS	1114 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, ELLEN	
STREET ADDRESS	1114 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILLIAM, JOHN	
STREET ADDRESS	13801 FNB PARKWAY	
CITY-ST-ZIP	OMAHA, NE 68154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Alexandrou	
STREET ADDRESS	1114 Ave of the Americas	
CITY-ST-ZIP	New York NY 10036	
TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Chirco	
STREET ADDRESS	1114 Ave 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		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Gilliam Date: 4/29/08 Daytime Phone #: (402) 965-4610