2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000908

Entity Name: TRUE NORTH COMMUNICATIONS INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13801 FNB PARKWAY OMAHA, NE 68154 **Current Mailing Address: New Mailing Address:** 13801 FNB PARKWAY OMAHA, NE 68154 FEI Number: 36-1088161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ALEXANDRA, ANTHONY ALEXANDROU, ANTHONY Name: Name: 1114 AVE OF THE AMERICAS 1114 AVE OF THE AMERICAS Address: Address: NEW YORK, NY 10036 City-St-Zip: NEW YORK, NY 10036 City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition STONE, JACQUELIN Name: STONE, JACQUELIN Name: 13801 FNB PARKWAY 13801 FNB PARKWAY Address: Address: OMAHA, NE 68128 OMAHA, NE 68128 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete **VPS** CAMERA, NICHOLAS J CAMERA, NICHOLAS J Name: Name: 1271 AVENUE OF THE AMERICAS, 44TH FL 1271 AVENUE OF THE AMERICAS, 44TH FL Address: Address: NEW YORK, NY 10020 City-St-Zip: NEW YORK, NY 10020 City-St-Zip: Title: **VPAS** () Delete Title: VΡ (X) Change () Addition HOGY, MARJORIE M HOGY, MARJORIE M Name: Name: Address: 1114 AVE OF THE AMERICAS Address: 1114 AVE OF THE AMERICAS City-St-Zip: City-St-Zip: NEW YORK, NY 10036 NEW YORK, NY 10036 Title: Title: () Delete () Change () Addition JOHNSON, ELLEN Name: Name: 1114 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10036 City-St-Zip: Title: () Delete Title: () Change () Addition GILLIAM, JOHN Name: Name: 13801 FNB PARKWAY Address: Address: City-St-Zip: OMAHA, NE 68154 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GILLIAM VP 04/21/2009