

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003619

**Entity Name:** IPSOS PUBLIC AFFAIRS, INC.

**Current Principal Place of Business:**

222 SOUTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

**Current Mailing Address:**

222 SOUTH RIVERSIDE PLAZA  
CHICAGO, IL 60606 US

**FEI Number: 36-2061602**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            VICE PRESIDENT, TREASURER  
Name            CAMPBELL, MARK  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

Title            SECRETARY  
Name            GOODMAN, SHERYL  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

Title            DIRECTOR, CHAIRMAN  
Name            TRUCHOT, DIDIER  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

Title            DIRECTOR  
Name            HARDING , CARLOS  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

Title            VICE PRESIDENT  
Name            MASON , DEBRA  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

Title            PRESIDENT  
Name            CAIL, JEFF  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

Title            DIRECTOR, CHIEF EXECUTIVE  
                 OFFICER  
Name            LE MANH, PIERRE  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

*I hereby 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 all other like empowered.*

**SIGNATURE: SHERYL GOODMAN**

**SECRETARY**

**02/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date