

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 189306**

1. Entity Name

**BEN DISPOSITION, INC.****FILED****May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90964 034 \*\*\*150.00

Principal Place of Business

Mailing Address

THE INTERPUBLIC GROUP OF CO. INC.  
DAG HAMMARSKJOLD PLZ-7 FLR TAX DPT  
YORK NY 10017-9701% THE INTERPUBLIC GROUP OF CO. INC.  
ONE DAG HAMMARSKJOLD PLZ-7 FLR TAX DPT  
NEW YORK NY 10017-2201  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-0759562**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
V MASON, ARTHUR M 1271 AVENUE OF THE AMERICAS NEW YORK NY 10017-9701 ☒ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP  
V MASON, ARTHUR M. 136 MADISON AVE 6TH FL TAX DEPT. NEW YORK, NY 10016 ☐ Change ☒ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP  
P VOLPE, THOMAS J. 1271 AVE OF THE AMERICAS NEW YORK NY ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP  
T FOSTER, ALLAN M. 1271 AVE OF THE AMERICAS NEW YORK NY ☒ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP  
T BERNIS, STEVEN 136 MADISON AVE. 6TH FL NEW YORK, NY 10016 ☐ Change ☒ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP  
S GMORA, BARBARA S 1271 AVE OF THE AMERICAS NEW YORK NY ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP  
D HOLTZ, NORMAN 1271 AVE OF THE AMERICAS NEW YORK NY ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

ARTHUR M. MASON  
VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00 (212) 951-5232

Daytime Phone #

CR2E034 (9/99)