

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90240 041 ***150.00

DOCUMENT # 189306

1. Entity Name

BEN DISPOSITION, INC.
c/o THE INTERPUBLIC GROUP OF CO'S, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

136 MADISON AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
6TH FL., TAX DEPT.

City & State

NEW YORK, NY

4. FEI Number

59-0759562

Applied For

Not Applicable

Zip

10016

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name THE PRENTICE-HALL CORP. SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET, SUITE 105

City TALLAHASSEE

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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 transferring)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE VICE PRESIDENT
NAME ARTHUR M. MASON
STREET ADDRESS 1270 AVE. OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER
NAME STEVEN BERNIS
STREET ADDRESS 1270 AVE. OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY
NAME BARBARA S. GOMORA
STREET ADDRESS 1270 AVE. OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

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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 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

29/02 (212) 621-5706
Date Daytime Phone #

CR2E034B (12/01)