

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 801501 (8)			
1. Corporation Name WESTINGHOUSE ELECTRIC CORPORATION CBS CORPORATION <i>we</i>			
Principal Place of Business ATTN: LICENSE ADMINISTRATOR TELE-COMPUTER CENTER-BOX 8839 PITTSBURGH PA 15221		Mailing Address ATTN: LICENSE ADMINISTRATOR TELE-COMPUTER CENTER-BOX 8839 PITTSBURGH PA 15221	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 07/16/1921			
4. FEI Number 25-0877540		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	VPS	<input type="checkbox"/> DELETE	
NAME	STRAKA, A.C.		
STREET ADDRESS	11 STANWIX STREET		
CITY-ST-ZIP	PITTSBURGH PA		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	REYNOLDS, F. G.		
STREET ADDRESS	11 STANWIX STREET		
CITY-ST-ZIP	PITTSBURGH PA		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	MORF, C.E.		
STREET ADDRESS	11 STANWIX STREET		
CITY-ST-ZIP	PITTSBURGH PA		
TITLE	AC	<input type="checkbox"/> DELETE	
NAME	DUNN, D.E.		
STREET ADDRESS	BRINTON ROAD @ PARKWAY E.		
CITY-ST-ZIP	PITTSBURGH PA		
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	MICHEAL H JORDAN		
STREET ADDRESS	11 STANWIX ST		
CITY-ST-ZIP	PITTSBURGH PA		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	GARY M CLARK		
STREET ADDRESS	11 STANWIX ST		
CITY-ST-ZIP	PITTSBURGH PA		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
6.2 NAME	Frank C. Carlucci		
6.3 STREET ADDRESS	1001 Pennsylvania Ave., N.W.		
6.4 CITY-ST-ZIP	Washington, DC 20004-2505		
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> 1/8/98 412/244-2782			

CR2E034 (10/97)