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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **812900** (9)
1. Corporation Name
THE INTERPUBLIC GROUP OF COMPANIES, INC.

Principal Place of Business Mailing Address
750 3RD AVE. 4TH FL. 750 3RD AVE. 4TH FL.
C/O TAX DEPT. C/O TAX DEPT.
NEW YORK NY 10017-2701 NEW YORK NY 10017-2701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1958 3a. Date of Last Report 05/01/1994
4. FEI Number 13-1024020 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 193.055, Florida Statutes ☐ Yes ☒ No

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 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name United States Corporation Company
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street, Suite 105
83
84 City Tallahassee, FL 85 Zip Code 32301

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 (Type or print name of registered agent and title if applicable)

(Do not sign if agent is not a resident of Florida)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE VT
1.2 NAME FORSTER, ALAN M.
1.3 STREET ADDRESS 1271 AVE OF THE AMERICAS
1.4 CITY, ST, ZIP NEW YORK, NY.

2.1 TITLE V
2.2 NAME VOLPE, THOMAS J.
2.3 STREET ADDRESS 1271 AVE OF THE AMERICAS
2.4 CITY, ST, ZIP NEW YORK, NY.

3.1 TITLE VD
3.2 NAME BEARD, EUGENE P
3.3 STREET ADDRESS 1271 AVE OF THE AMERICAS
3.4 CITY, ST, ZIP NEW YORK, NY.

4.1 TITLE VS
4.2 NAME RUDGE, CHRISTOPHER
4.3 STREET ADDRESS 1271 AVE OF THE AMERICAS
4.4 CITY, ST, ZIP NEW YORK, NY.

5.1 TITLE PD
5.2 NAME GEIER, PHILIP H., JR.
5.3 STREET ADDRESS 1271 AVE OF THE AMERICAS
5.4 CITY, ST, ZIP NEW YORK, NY.

6.1 TITLE V
6.2 NAME MASON, ARTHUR W.
6.3 STREET ADDRESS 750 THIRD AVE.
6.4 CITY, ST, ZIP NEW YORK, NY.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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:

Arthur Mason

ARTHUR MASON
VICE PRESIDENT - TAXES 05/1/95 (212) 484-2484

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

(Type or print name)