FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

 7	9	9	6

DOCUM 1. Corporation	MENT # 812900	(9)				
THE IN	TERPUBLIC GROUP OF COI	MPANIES, INC.				
Principal Place of Business Mailing Address		Mailing Address		L HODEN INION HIND KOKA TUMI BAHI	ABDI BEBUK BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI INDI	
750 3RD AVE. 4TH FL. C/O TAX DEPT. NEW YORK NY 10017-2701		750 3RD AVE. 4TH FL. C/O TAX DEPT. NEW YORK NY 10017-2701		Date Incorporated or Qualified	3a. Date of Last Report	
				06/27/1958	05/01/1995	
2. Principal Place	ce of Business	2a. Maiting Address 26		4. FEL Number 13-1024020	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
23 Zip	Country	28 Zip	Country	8. This corporation has liability for it	ntangible tax under s 199.032,	
24	25	29	30	Florida Statutes		
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
	STATES CORPORATION COMPAI	NY .	82 Street	Address (P.O. Box Number is Not Acceptable)		
	ys street		83			
STE 105						
IALLATIA	ASSEE FL 32301		84 City		FL 85 Zip Code	
or registere familiar with	ed agent, or both, in the State of Florida i, and accept the obligations of, Section	Such change was authoriz i 607 0505, Florida Statutés	ed by the corporation's	rporation submits this statement for the pur board of directors. Thereby accept the appo	ointment as registered agent. I am	
	Signature, typed or profess name of regiment agent and OFFICERS AND I		it Regelered Agent squarters:	ADDITIONS/CHANGES TO OFFI	CATE	
12.	VT OF HOERS AND J	DELETE	1 1 117LE	ACCOTTONS OF ANGES TO OTH	Change Addition	
NAME	FORSTER, ALAN M.	<u></u>	1.2 NAME			
STREET ADDRESS	1271 AVE OF THE AMERICAS		1.3 STREE! ADDRESS			
CITY-ST-ZIP	NEW YORK, NY.		1.4 CHTY - ST- ZIP			
TITLE	V	☐ DELETE	2 1 TITLE		Change Addition	
NAME	VOLPE, THOMAS J.		2.2 NAM(
STREET ADDRESS	1271 AVE OF THE AMERICAS		2.3 STREET ADORESS		:	
CITY - S? - ZiP	NEW YORK, NY.		2.4 C(1) - S1 - Z(P)			
TITLE	VD	DELETE	3 1 TITLE		Change Addition	
NAME	BEARD, EUGENE P		3.2 NAME			
STREET ADDRESS	1271 AVE OF THE AMERICAS		3.3 STREET ADORESN			
CITY-S1-ZIP	NEW YORK, NY.	BZ or ere	3.4 CITY - ST - ZIP	3	Change Addition	
TITLE	VS	™ DELETE	4 1 T ILE	CAMERA, NICHOLAS J	Onlarge Transform	
NAME	RUDGE, CHRISTOPHER		4.2 NAME 4.3 SUREFT ADDRESS	1371 AVE OF THE AMER	EICAS	
STREET ADDRESS	1271 AVE OF THE AMERICAS		4.4 C/Tr SF-Z/P	NEW YORK NY 10020		
CITY - ST - ZIP TITLE	<u>NEW YORK, NY.</u> PD	☐ DELETE	5 ! II*LF	7-200 10KIC, 10 1 700 30	Change Addition	
NAME	GEIER, PHILIP H., JR.	L	5.2 NAME		<u> </u>	
STREET ADDRESS	1271 AVE OF THE AMERICAS		5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY.		5.4 CDV - S* - ZIP			
TITLE	V	DELETE	6 1 THILE	V	Change Addition	
NAME	MASON, ARTHUR W.		6.2 NAME	MASON ARTHUR M	~	
STREET ADDRESS	750 THIRD AVE.		6.3 STREET ADDRESS	1271 AVE OF THE AMERICA.	>	
CITY - ST - ZIP	NEW YORK, NY.		6 4 CITY - ST - ZIP	NEW YORK NY 10030		
	and the second of the contract of the contract of	والمراكب والمراجع	sigh and proof proper profession	alta for the examplion stated in Rection 110	(177502) Florida Stalidae I furthae	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and opes not qualify for the exemption stated in Section 119 07(3)(k). 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 path; 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 13 if changed, or on an attachment with an address. BIDOCK 13 If Changed, or on an attachment with an address.

ARTHUR MASON

OUTHER WASON

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FINANCE OF SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR