## 81494

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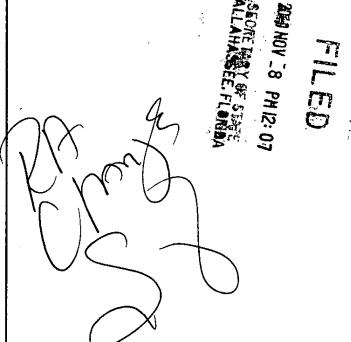
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## Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc. PO Box 1831

Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 11/3/2010 FLORIDA

**REP UNIT:** 

MCCANN-ERICKSON USA, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #20034 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



## COVER LETTER

Amendment Section Division of Corporations SUBJECT: MCCANN-ERICKSON USA, INC.
Name of Corporation DOCUMENT NUMBER: 814949 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Myra Homer Name of Contact Person Capitol Services Registered Agent Department Firm/Company 800 Brazos, Suite 400 Austin, Texas 78701
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 unge is submitted for a corporation org	ganized under	the laws of the State	of DELAW		
in orde	er to change its registered office or reg	istered agent,	or both, in the State	of Florida.		
1. The name of	the corporation: MCCANN-ER	ICKSON	USA, INC.			
2. The principal	office address: 622 Third Avenue	е				
New York	c, NY 10017			, , <u>-</u>		
3. The mailing a	address (if different): 1114 6th Ave	enue, 18th	Floor-Tax Dep	ot		
	ork, NY 10036	•				
4. Date of incorp	poration/qualification: 12/27/196	0 Docu	ıment number: 814	1949		
	d street address of the current registered		gistered office on fil	le with the		
	C T Corporation System			•	<b>ئ</b> ند	
	1200 South Pine Island Rd				9E04	8_ AON FREE
	Plantation	FI	33324			VO
	City	State	Zip Code			100
6. The name and (if changed):	I street address of the new registered a	gent (if chang	ed) and /or registere	d office	H <sub>E</sub>	
	Capitol Corporate Service	ces, Inc.				PH 12: 0(
	155 Office Plaza Drive,	Suite A				8
	Street Address (P.O. Box NOT acceptable)			<del></del>		
	Tallahassee	<u>FL</u>	<u>32301</u>			
	City	State	Zip Code			
_	ess of its registered office and the stre be identical.				i agent,	
Such change was authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	nted by its bo notified in w	ard of directors or b riting of the change	y an officer so		
My	a Homer	Myra Hoi		Attorney-i	n-fact	_
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan		(printed or typed) act in this capacity ye to the proper and my position as regis ed office address, I i	Title (printed)  i complete perfo stered agent. O hereby confirm		
_ DUE	Unit Case nature of Registered Agent		1(-3-1 Date	0		
	half of an entity:					
	e, Asst. Secretary on behalf					
	orporate Services, Inc.					
	Name (printed or typed)					
	* * * FILING	FEE: \$35.00	***			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)