FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **819380** **(7)**

1. Corporation Name

CBS INC.

Principal Place of Business	Mailing Address
C/O CLARE A. MCMORROW 51 WEST 52ND STREET NEW YORK NY 10019	C/O CLARE A. MCMORROW 51 WEST 52ND STREET NEW YORK NY 10019

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **03/02/1966**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-0590730** ☐ 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. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	XX DELETE	11 TITLE	CD	XX Change ☐ Addition
NAME	TISCH, LAURENCE A.		12 NAME	JORDAN, MICHAEL H.	
STREET ADDRESS	51 W. 52 ST		13 STREET ADDRESS	11 STANWIX STREET	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	PITTSBURGH, PA	
TITLE	D	XX DELETE	21 TITLE	D	XX Change ☐ Addition
NAME	THOMAS, FRANKLIN A.		22 NAME	MESSINGER, MARTIN	
STREET ADDRESS	320 E. 43 ST.		23 STREET ADDRESS	51 WEST 52 STREET	
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP	NEW YORK, NY	
TITLE	D	XX DELETE	31 TITLE	D	XX Change ☐ Addition
NAME	KISSINGER, HENRY A.		32 NAME	BRISKMAN, LOUIS J.	
STREET ADDRESS	350 PARK AVE.		33 STREET ADDRESS	11 STANWIX STREET	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	PITTSBURGH, PA	
TITLE	VS	☐ DELETE	41 TITLE	D	☐ Change XX Addition
NAME	KADEN, ELLEN ORAN		42 NAME	REYNOLDS, FREDRIC G.	
STREET ADDRESS	51 W. 52 ST		43 STREET ADDRESS	11 STANWIX STREET	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	PITTSBURGH, PA	
TITLE	D	XX DELETE	51 TITLE	P	☐ Change XX Addition
NAME	BROWN, HAROLD		52 NAME	LUND, PETER A.	
STREET ADDRESS	1619 MASSACHUSETTS AV NW		53 STREET ADDRESS	51 WEST 52 STREET	
CITY-ST-ZIP	WASHINGTON DC		54 CITY-ST-ZIP	NEW YORK, NY	
TITLE	AS	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	MCMORROW, CLARE A.		62 NAME		
STREET ADDRESS	51 W 52 ST		63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		64 CITY-ST-ZIP		

CR2E034 (12/95)

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 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 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: Clare A. McMorrow 4/29/96 212-975-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Clare A. McMorrow