

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-0590730	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE 105 TALLAHASSEE FL 32301				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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JORDAN, MICHAEL H		1.2 NAME	Jordan, Michael H.			
STREET ADDRESS	11 STANWIX ST		1.3 STREET ADDRESS	51 West 52 St.			
CITY-ST-ZIP	PITTSBURGH PA		1.4 CITY-ST-ZIP	New York, NY 10019			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MESSINGER, MARTIN		2.2 NAME				
STREET ADDRESS	51 WEST 52 ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRISKMAN, LOUIS J		3.2 NAME				
STREET ADDRESS	11 STANWIX ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	PITTSBURGH PA		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REYNOLDS, FREDRIC G		4.2 NAME				
STREET ADDRESS	11 STANWIX ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	PITTSBURGH PA		4.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LUND, PETER A		5.2 NAME				
STREET ADDRESS	51 WEST 52 ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCMORROW, CLARE A.		6.2 NAME				
STREET ADDRESS	51 W 52 ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP				

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 *[Signature]*

CR2E034 (10/97)