

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **824087** (1)

1. Corporation Name

**MCCANN-ERICKSON MARKETING INC**



Principal Place of Business

TAX DPT 4TH FL. 750 THIRD AVE  
NEW YORK NY 10017

Mailing Address

TAX DPT 4TH FL. 750 THIRD AVE  
NEW YORK NY 10017

3. Date Incorporated or Qualified <b>02/05/1970</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEI Number <b>13-1856070</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 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	<b>FL</b>
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 (if the agent is available)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHN J. DOONER</b>	
STREET ADDRESS	<b>750 3RD AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOONER, JOHN J</b>	
STREET ADDRESS	<b>750 3RD AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FORSTER, ALAN M.</b>	
STREET ADDRESS	<b>1271 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CABEZAS, ROBERT T.</b>	
STREET ADDRESS	<b>750 3RD AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MOREIRA, MARCIO M.</b>	
STREET ADDRESS	<b>750 - 3RD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, ARTHUR</b>	
STREET ADDRESS	<b>750 - 3RD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>C/CEO/P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Marjorie Hoey</b>	
2.3 STREET ADDRESS	<b>1271 Avenue of the Americas</b>	
2.4 CITY-ST-ZIP	<b>New York, N.Y 10020</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Eugene P. Beard</b>	
4.3 STREET ADDRESS	<b>1271 Avenue of the Americas</b>	
4.4 CITY-ST-ZIP	<b>New York, N.Y 10020.</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>1271 Avenue of the Americas</b>	
6.4 CITY-ST-ZIP	<b>New York, N.Y 10020</b>	

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:

*Arthur Mason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ARTHUR MASON VICE PRESIDENT - TAXES**

**05/1/96** (212)399-8103  
DATE TIME PHONE #

CR2E034 (12/95)