

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834689

FILED
Feb 17, 2012
Secretary of State

Entity Name: CBS OUTDOOR GROUP INC.

Current Principal Place of Business:

405 LEXINGTON AVENUE
NEW YORK, NY 10174

New Principal Place of Business:

Current Mailing Address:

C/O ADRIENNE HARRINGTON
51 W 52ND STREET
NEW YORK, NY 10019

New Mailing Address:

C/O ADRIENNE HARRINGTON
51 W 52ND STREET (19-13)
NEW YORK, NY 10019

FEI Number: 13-2660769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPCE
Name: KELLY, WALLY C
Address: 405 LEXINGTON
City-St-Zip: NEW YORK, NY 10174

Title: DVS
Name: BRISKMAN, LOUIS J
Address: 51 W 52ND STREET
City-St-Zip: NEW YORK, NY 10019

Title: VCFO
Name: NOWAK, RAYMOND
Address: 405 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10174

Title: VGCA
Name: SAUER, RICHARD
Address: 405 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10174

Title: AS
Name: KOCZKO, MICHAEL A
Address: 51 W 52ND STREET
City-St-Zip: NEW YORK, NY 10019

Title: VAS
Name: POSY, DAVID H
Address: 405 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID H. POSY

VAS

02/17/2012

Electronic Signature of Signing Officer or Director

Date