

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90032 036 ***150.00

DOCUMENT # 846070

1. Entity Name
J. WALTER THOMPSON U.S.A., INC.

Principal Place of Business

**420 LEXINGTON AVE
 NY NY 10170
 US**

Mailing Address

**C/O WPP GROUP USA, INC
 125 PARK AVENUE, 4TH FLOOR
 NEW YORK NY 10017-5529
 US**

2. Principal Place of Business

466 Lexington Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New York, NY

City & State

4. FEI Number **13-3016052**

Applied For

Not Applicable

Zip

10017

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **AT** ☐ Delete
 NAME **NEUMAN, THOMAS O**
 STREET ADDRESS **69 ASPINWALL RD**
 CITY-ST-ZIP **BRIARCLIFF MANOR NY**

TITLE **EVP** ☐ Delete
 NAME **BAGLIVO, MARY**
 STREET ADDRESS **35 CAMBRIDGE DRIVE**
 CITY-ST-ZIP **SHORT HILLS NJ 07078**

TITLE **CEO** ☐ Delete
 NAME **SCHWEITZER, PETER A.**
 STREET ADDRESS **99 LOTHROP ROAD**
 CITY-ST-ZIP **GROSS POINTE FARMS MI 48236**

TITLE **EVP** ☐ Delete
 NAME **POLLET, RICHARD**
 STREET ADDRESS **67 LUDLOW DR.**
 CITY-ST-ZIP **CHAPPAQUA, NY.**

TITLE **CFOD** ☐ Delete
 NAME **TRENCHER, LEWIS J.**
 STREET ADDRESS **29 PENN BLVD**
 CITY-ST-ZIP **SCARSDALE NY 10583**

TITLE **EVP** ☐ Delete
 NAME **BURNS, RONALD S**
 STREET ADDRESS **43 LONE TREE FARM RD**
 CITY-ST-ZIP **NEW CANAAN CT 05840**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas O. Neuman
 Thomas O. Neuman

4/29/02
 Date

212-632-2200
 Daytime Phone #

Assistant Treasurer
 Assistant Treasurer

CR2E034 (9/01)