

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000004342**

1. Entity Name

APCO WORLDWIDE INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90451 017 ***150.00

Principal Place of Business

**1615 L STREET N.W., SUITE 900
WASHINGTON DC 20036**

Mailing Address

**1615 L STREET N.W., SUITE 900
WASHINGTON DC 20036****D0049634**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O GREY GLOBAL GROUP INC.

Suite, Apt. #, etc.

777 THIRD AVENUE-TAX DEPT.

City & State

NEW YORK, NY

Zip

10017

Country

4. FEI Number

13-3627625

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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, 2001 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 | P | <input type="checkbox"/> Delete |
| NAME | KRAUS, MARGERY | |
| STREET ADDRESS | 1615 L STREET, N.W., SUITE 900 | |
| CITY-ST-ZIP | WASHINGTON DC 20036 | |
| TITLE | VC | <input checked="" type="checkbox"/> Delete |
| NAME | JONES, JAMES W | |
| STREET ADDRESS | 1615 L STREET N.W., SUITE 900 | |
| CITY-ST-ZIP | WASHINGTON DC 20036 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FOX, LINDA M | |
| STREET ADDRESS | 1615 L STREET N.W., SUITE 900 | |
| CITY-ST-ZIP | WASHINGTON DC 20036 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FELSHER, STEVEN G | |
| STREET ADDRESS | 1615 L STREET N.W., SUITE 900 | |
| CITY-ST-ZIP | WASHINGTON DC 20036 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------------|--|
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRAUS, MARGERY | |
| STREET ADDRESS | 1615 L STREET N.W. SUITE 900 | |
| CITY-ST-ZIP | WASHINGTON, DC 20036 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOX, LINDA M. | |
| STREET ADDRESS | 777 THIRD AVENUE | |
| CITY-ST-ZIP | NEW YORK, NY 10017 | |
| TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FELSHER, STEVEN G. | |
| STREET ADDRESS | 777 THIRD AVENUE | |
| CITY-ST-ZIP | NEW YORK, NY 10017 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Linda Fox***LINDA FOX SECRETARY 4/23/01 (212) 546-1351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)