

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006049

FILED
Mar 21, 2007
Secretary of State

Entity Name: GROUP M WORLDWIDE, INC.

Current Principal Place of Business:

498 SEVENTH AVENUE
NEW YORK, NY 10018 US

New Principal Place of Business:

Current Mailing Address:

C/O WPP GROUP USA, INC.,
125 PARK AVE 4TH FLOOR
NEW YORK, NY 100175529 US

New Mailing Address:

FEI Number: 52-2228835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: GOTLIEB, IRWIN
Address: 498 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: TD () Delete
Name: HOWE, MARY ELLEN
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: VD () Delete
Name: NEUMAN, TOM
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: DAY, RUPERT
Address: 498 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: D () Delete
Name: PROCTOR, DOMINIC
Address: 498 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: S () Delete
Name: FAREWELL, KEVIN
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS O NEUMAN

SVP

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date