

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000022

FILED
Apr 10, 2012
Secretary of State

Entity Name: SAATCHI & SAATCHI HEALTHCARE COMMUNICATIONS, INC.

Current Principal Place of Business:

375 HUDSON STREET
NEW YORK, NY 10014

New Principal Place of Business:

375 HUDSON STREET
NEW YORK, NY 10014 US

Current Mailing Address:

375 HUDSON STREET
NEW YORK, NY 10014

New Mailing Address:

375 HUDSON STREET
NEW YORK, NY 10014 US

FEI Number: 11-3667159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: PRES
Name: WELCH, ROBERT S
Address: 375 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014 US

Title: VP
Name: ATTILIO, GARY
Address: 375 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014 US

Title: SEC
Name: WERNICK, CLAUDIA
Address: 79 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10016 US

Title: CFOT
Name: SWEENEY, KEVIN
Address: 825 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10019 US

Title: DIR
Name: COLUCCI, NICHOLAS
Address: 1675 BROADWAY
City-St-Zip: NEW YORK, NY 10019 US

Title: VPD
Name: GARREAUD, ANN
Address: 1675 BROADWAY
City-St-Zip: NEW YORK, NY 10019 US

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: RUSSELL KOPP

POA

04/10/2012

Electronic Signature of Signing Officer or Director

Date