2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90406 026 ***150.00

DOCUMENT # F04000005546

1. Entity Name
IPG GIS US, INC.

Principal Place of Business	Mailing Address
1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036	1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036

14013819

02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4227475
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMERA, NICHOLAS J
STREET ADDRESS	1114 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	VPS
NAME	HOEY, MARJORIE M
STREET ADDRESS	1114 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	T
NAME	JOHNSON, ELLEN
STREET ADDRESS	1114 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	VP
NAME	STEVE MEBEL
STREET ADDRESS	13801 FNB PARKWAY
CITY-ST-ZIP	OMAHA NE 68154
TITLE	VP
NAME	JAQUELINE STONE
STREET ADDRESS	13801 FNB PARKWAY
CITY-ST-ZIP	OMAHA, NE 68154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #