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## FOREIGN PROFIT/NONPROFIT CORPORATION OMNICOM MANAGEMENT INC.

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\$ 1/11/12

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

i. Omnicom Ma					
	orporation; must include orp," "Inc," "Co," or "Co		D," "COI	MPANY," "CORPORATION,	29
(If name unavail	able in Florida, enter alte	rnate corporate na	nie adoniec	i for the purpose of transacting	business in Florida)
2 Delaware			<sub>3,</sub> 13-34		•
	under the law of which it		3, 13,54	(FEI number, if applic	cable)
March 2, 1988		5. Perpé	tual		
(Date of incorporation)			tion: Year corp. will cease to e	xist or "perpetual")	
5					
				n, if prior to registration) ., to determine penalty liability	·)
7. 437 Madison	Avenue, New York,	NY 10022			
		(Principal office a	ddress)		
437 Madison	Avenue, New York,	NY 10022, Attr	: Genera	I Counsel	
representative de la company d	<u> </u>	(Current mailing a	address)	······································	······································
8. To engage in	any lawful act for wh	sich corporation	s may be	organized. be carried out in state of Flori	
(Purpose(s	s) of corporation authoriz	ed in home state or	country to	be extried out in state of Flori	da)
9. Name and street	et address of Florida re	gistered agent: (	P.O. Box	NOT acceptable)	12 ALI
Nimma	Corporation Service	de Compañy			
Name:		20 Costparty	·····	•	S = 2
Office Address:	1201 Hays Street		<u> </u>	•	SEE O
	Tallahassee			Florida 32301	ARY OF STATE SSEE, FLORID
	(0	City)		(Zip code)	824
10. Registered a	gent's acceptance:				25 26 36 37
Having been nam	ed as registered agent			rocess for the above stated c	
				registered agent and agree	
	omply with the provisi with and accept the o			to the proper and complete is registered agent.	регуоттапсе ој ту ание.
<b>3</b> ,	Corporation Service	·	•	· · · ·	
Ī	By Maria	1 Kha	T. Land	Jane S. Krayer,	Assistant <b>VP</b>
	(Register	red agent's signatu	(ž)		<del></del>

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED

12. Names and business addresses of officers and/or directors:	12 JAN 10 AM 11: 3
A. DIRECTORS	
Chairman: Bruce Crawford	SEURLIARY OF STAT TALLAHASSEE, FLORIG
Address: 437 Madison Avenue	
New York, NY 10022	
Vice Chairman: N/A	
Address:	
Director: John D. Wren	
Address: 437 Madison Avenue	
New York, NY 10022	
Director: Michael J. O'Brien	•
Address: 437 Madison Avenue	
New York, NY 10022	
B. OFFICERS	
President: John D. Wren	
Address: 437 Madison Avenue	
New York, NY 10022	
Vice President: N/A	
Address:	
Secretary: Michael J. O'Brien	
Address: 437 Madison Avenue, New York, NY 10022	
Treasurer: Dennis E. Hewitt	
Address: 437 Madison Avenue, New York, NY 10022	
NOTE: If necessary, you may attach an addendum to the application listing addit	tional officers and/or directors.
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S.	
14. Michael J. O'Brien, Secretary	
(Typed or printed name and capacity of person signing ap	pplication)

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OMNICOM MANAGEMENT INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY,
A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNICOM MANAGEMENT INC." WAS INCORPORATED ON THE SECOND DAY OF MARCH, A.D. 1988.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

12 JAN 10 AM 11: 32

SLUMETANY OF STATE
TALLAHASSEE, FLORIDA

2153598 8300

120031350

AUTHENTY CATION: 9286943

DATE: 01-10-12

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