

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002490 (1)

1. Corporation Name

YOUNG & RUBICAM INC.



Principal Place of Business

285 MADISON AVE.
TAX DEPT.
NEW YORK NY 10017

Mailing Address

285 MADISON AVE.
TAX DEPT.
NEW YORK NY 10017

3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
07/12/1995

4. FEI Number

13-1493710

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required with each filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	CD			
	GEORGESCU, PETER	285 MADISON AVE	NEW YORK NY	
	VT			
	VATERS, ROBERT	285 MADISON AVE.	NEW YORK NY	
	V			
	MILLER, LAWRENCE R	285 MADISON AVE.	NEW YORK NY 10017	
	V			
	ABRAMSON, STEPHANIE	285 MADISON AVE.	NEW YORK NY	
	V			
	CURRAN, BRIAN P	285 MADISON AVE	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

212-210-3000

Daytime Phone #

CR2E034 (12/95)