FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004500 (5)

1. Corporation Name
CHIAT/DAY INC. ADVERTISING

Principal Place of Business	Mailing Address
79 FIFTH AVENUE NEW YORK NY 10003	79 FIFTH AVENUE NEW YORK NY 10003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1993
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business: 21 340 Main Street	2a. Mailing Address: 26 180 Maiden Lane
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 38th Floor
City & State 23 Venice, CA	City & State 28 New York, NY
Zip 24 90291 Country 25	Zip 29 10038 Country 30

4. FEI Number: 95-2569405 ☐ Applied For ☐ Not Applicable
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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 ______ DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	1.1 TITLE	☒ Change ☐ Addition
NAME	HORTON, ADELAIDE	1.2 NAME	
STREET ADDRESS	79 FIFTH AVENUE	1.3 STREET ADDRESS	180 Maiden Lane, 38Fl.
CITY ST ZIP	NEW YORK NY	1.4 CITY ST ZIP	New York, NY 10038
TITLE	PT	2.1 TITLE	President ☒ Change ☐ Addition
NAME	BAX, SIMON	2.2 NAME	Jay Chiat
STREET ADDRESS	340 MAIN STREET	2.3 STREET ADDRESS	180 Maiden Lane, 38 fl.
CITY ST ZIP	VENICE CA	2.4 CITY ST ZIP	New York, NY 10038
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WIENER, DAVID	3.2 NAME	
STREET ADDRESS	440 SYLVAN AVENUE	3.3 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD CLIFFS NJ 07632	3.4 CITY ST ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHIAT, JAY	4.2 NAME	
STREET ADDRESS	79 FIFTH AVENUE	4.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	Robert Wolf
STREET ADDRESS		5.3 STREET ADDRESS	340 Main Street
CITY ST ZIP		5.4 CITY ST ZIP	Venice, CA 90291
TITLE		6.1 TITLE	Director ☐ Change ☒ Addition
NAME		6.2 NAME	Leland Clow
STREET ADDRESS		6.3 STREET ADDRESS	340 Main Street
CITY ST ZIP		6.4 CITY ST ZIP	Venice, CA 90291

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Adelaide Horton
Title: Secretary
Date: 4/12/95
Daytime Phone #: 212 804 1053

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