COR ANNU	PROFIT PORATION IAL REPORT		Sandra E Secreta	RTMENT OF STATE  3. Mortham  ry of State  CORPORATIONS	<b>.</b>	LED PO	
DOCUMENT # F9400000147 (8) 1. Corporation Name . WALKER GROUP/CNI, INC.					SEGNETAR SEGNETAR TALLAHASS	97 SEP -2 AN IO: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place	of Business	Mailin	g Address				
320 W. 13th STREET 320 W. 13th S NEW YORK NY 10014 NEW YORK NY 1				Date Incorporated or Qualified	3a. Date of Last Report		
			<del></del>	·· <del></del>	01/11/1994	04/16/96	
2. Principal Pia	ace of Business	2a. Ma	a ling Address		4. FEI Number 13-2770581	Applied For  Not Applicable	
Suite. Apt. #	f, etc.		ite, Apt. #. etc.	<del> </del>		\$8.75 Additional	
City & State		27 Cu	tv & State			Fee Required	
23		28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	29		Country 30	8. This corporation has liability for inte	angible tax under s. 199.032 Yes	
	9. Name and Address		ed Agent	301	10. Name and Address of New Regis		
1201 I SUITE TALLAI 11. Pursuant to office or re agent. I an SIGNATURE	HASSEE FL 3230	<b>)1</b> is 607.0502 and 607. I the State of Florida I the obligations of, So	1508, Florida Statut Such change was a potion 607.0505, Flo	83 84 City	corporation submits this statement for the purporation's board of directors. I hereby accept t	FL 85 Zip Code pose of changing its registered he appointment as registered	
12.		CERS AND DIRECTO	IRS	13.	ADDITIONS/CHANGES TO OFFICER		
NAME STREET ADDRESS	CD SORRELL,MART WPP GROUP PI		L., J DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	500002	□ Change □ Addition □ Addition □	
CITY-ST-ZIP	BERKELEY SQU	JARE_LONDON_	DELFTE	1.4 CITY - ST - ZiP 2.1 TITLE		<u>9701050005_</u>	
NAME STREET ADDRESS CITY-ST-ZIP	VCD LERWILL, ROE WPP GROUP PI	C	_ otti	22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP	*****1D	5.00— ****1\$3:00	
TITLE	BERKELEY-SQU	JAKE-LUNDUN-	☐ DELETE	3 1 TITLE	CHIEF EXECUTIVE OFFICE	ER Change Addition	
NAME A STREET ADDRESS	PUCCI, MARK 820 W? 13th	CTDERT		3.2 NAME  3.3 STREET ADDRESS	(CEO)	/	
CITY - ST - ZIP	NEW_YORK,_NY			3.4 CITY-ST-ZIP		·	
TIPEE NAME	NG, RANDALL		☐ DELETE	4 1 TITLE 4 2 NAME	EXECUTIVE VICE PRESIDE	NT X Change Addition	
STREET ADDRESS CITY-SJ-ZIP	320 W. 13th NEW YORK NY	10014		4 3 STREET ADDRESS 4 4 CITY - ST- 7IP			
TIEE	GODUCO, MARY	ARY	DELETE	5 1 TITLE	1	Change Addition	
NAME SPEET ADDRESS CITY-ST-ZIP	320 W. 13th NEW YORK, NY	STREET		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP	Š	1-39	
TITLE NAME STREET ADDRESS	PRESIDENT PATRICIA ORI 320 W. 13th		☐ DELETE	61TITLE 62 NAME 63 STHEFT ADDRESS	PRESIDENT PATRICIA ORIS 320 W. 13th STREET	Change A-	
14. I do hereb	NEW YORK NY certify that the information	7_10014	iling does not qualit	64 CITY-ST-ZIP y for the exemption s	NEW YORK, NY 10014  stated in Section 119.07(3)(i), Florida Statutes. 1	further cert.	
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under the lam an officer or director of the corporation or the receiver or trustice 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: When the company of the corporation of the receiver or trustice 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: When the corporation of the receiver of trustice 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: Day or Block 13 if changed, or on an attachment with an address.  Day of the corporation of the corporation of the receiver of trustice 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: Day or Block 13 if changed, or on an attachment with an address.  Day of the corporation of the corporation of the receiver of trustice empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if the receiver of t							

## WalkerGroup/CNI

P92

July 3, 1997

Ms. Sandra B. Mortham Secretary of State Florida Department of State Division of Corporations Tallahassee, Florida 32314

REFERENCE:

Replacement check for Corporation Annual Report

Dear Ms. Mortham:

Enclosed please find check number 18928 in the amount of \$165.00 as a replacement check for check number 18018 dated February 24, 1997 which apparently was never received by the Department of State in Florida. Also enclosed is a photocopy of the return as the original was sent with the February check.

Please call me at (212) 462-8014 if you have any questions.

Thank you.

Sincerely,

Charles V. Baran

Controller