

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005312 (2)**

1. Corporation Name
BOZELL WORLDWIDE, INC.



Principal Place of Business: **800 BLACKSTONE CENTRE, 302 SOUTH 36TH STREET, OMAHA NE 68131-2453**
Mailing Address: **800 BLACKSTONE CENTRE, 302 SOUTH 36TH STREET, OMAHA NE 68131-2453**

3. Date Incorporated or Qualified: **10/31/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **47-6024114**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **302 S 36th Street, Suite 800, Omaha NE**
2a. Mailing Address: **SAME**
22. Suite, Apt. #, etc.: **Suite 800**
23. City & State: **Omaha NE**
24. Zip: **68131**
25. Country: **Douglas**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank]
85. Zip Code: **FL**

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: [Blank] Signature, typed or printed name of registered agent and the applicable date: [Blank] Signature, typed or printed name of registered agent and the applicable date: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1. TITLE	Executive VP/ Controller
NAME	PEEBLER, CHARLES D JR	2. NAME	Joseph Engelbert
STREET ADDRESS	166 EAST 64TH STREET	3. STREET ADDRESS	302 S. 36th Street
CITY-ST-ZIP	NEW YORK NY 10021	4. CITY-ST-ZIP	Omaha NE 68131
TITLE	COB	2. TITLE	
NAME	BELL, DAVID	2. NAME	
STREET ADDRESS	47 EAST 88TH STREET, #4C	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	2.4 CITY-ST-ZIP	
TITLE	VC	3.1 TITLE	
NAME	LEVENSTEIN, ALAN P	3.2 NAME	
STREET ADDRESS	1185 PARK AVENUE, #4F	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	
NAME	SCHULBERG, JAY	4.2 NAME	
STREET ADDRESS	92 EVERGREEN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST MORICHES NY 11940	4.4 CITY-ST-ZIP	
TITLE	EVD	5.1 TITLE	
NAME	ZAMMIT, VALENTINE J	5.2 NAME	
STREET ADDRESS	510 MANHASSET WOODS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY 11030	5.4 CITY-ST-ZIP	
TITLE	EVD	6.1 TITLE	
NAME	HAYDEN, THOMAS H	6.2 NAME	
STREET ADDRESS	1115 CHESTNUT AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	6.4 CITY-ST-ZIP	

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: *Joseph Engelbert* **Joseph Engelbert** 5/9/96 402-978-4044
DATE: [Blank] DATE: [Blank]

CR2E034 (12/95)