

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90008 016 ***150.00

0598259

DOCUMENT # F95000005312

1. Entity Name
FCB WORLDWIDE, INC.

Principal Place of Business 13801 FNB PARKWAY OMAHA NE 68154 US	Mailing Address 13801 FNB PARKWAY OMAHA NE 68154 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **47-6024114**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	CD KELMENSEN, LEO-ARTHUR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	40 WESET 23RD STREET NEW YORK NY 10010	
TITLE NAME	PCEO BELL, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	40 WEST 23RD STREET NEW YORK NY 10010	
TITLE NAME	VC LEVENSTEIN, ALAN P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1185 PARK AVENUE, #4F NEW YORK NY 10128	
TITLE NAME	VC SCHULBERG, JAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	92 EVERGREEN AVENUE EAST MORICHES NY 11940	
TITLE NAME	VT ASHLEY, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	101 EAST ERIE STREET CHICAGO IL 60611	
TITLE NAME	V ENGELBERT, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13801 FNB PARKWAY OMAHA NE 68154	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	CEO D J. Brendan Ryan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	150 East 42nd Street New York, NY 10017	
TITLE NAME	P G. Kelly O'Dea	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	150 East 42nd Street New York, NY 10017	
TITLE NAME	VSec Dale F. Perona	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	101 East Erie Street Chicago, IL 60611	
TITLE NAME	V Michael L. Schultz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	13801 FNB Parkway Omaha, NE 68154	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael L. Schultz **Michael L. Schultz** 4/20/01 402-965-4720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)