

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90225 038 \*\*\*158.75

**DOCUMENT # F97000000263**

1. Entity Name  
**YOUNG & RUBICAM INC.**

Principal Place of Business  
**285 MADISON AVENUE**  
**NEW YORK NY 10017**

Mailing Address  
**125 PARK AVENUE**  
**4TH FLOOR**  
**NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**13-1493710**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



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

**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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DOLAN, MICHAEL</b>	
STREET ADDRESS	<b>285 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TORTOROLI, JACQUES</b>	
STREET ADDRESS	<b>285 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWE, MARY ELLEN</b>	
STREET ADDRESS	<b>125 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>NEUMAN, THOMAS O</b>	
STREET ADDRESS	<b>125 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>SORRELL, MARTIN S. SIR</b>	
STREET ADDRESS	<b>125 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, PAUL W.G.</b>	
STREET ADDRESS	<b>125 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAW-GISIKO, PETER</b>	
STREET ADDRESS	<b>285 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

212-632-2200

Daytime Phone #

CR2E034 (9/01)