#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



**DOCUMENT #** 

1. Corporation Name



#### FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# FILED

00 SEP 25 AM 10: 25

SECRETARY OF STATE TABLAHASSEE. FLORIDA

SHANDWICK USA, INC. (Doc. #F97000001991)

	_							
2. Principal Office Address			3. Mailing Office A	•		Do Pd		
8400 Normandale Lake Blvd.			8400 Norman	dale Lake Blvd.	<b>REINSTATEMENT</b>	- (K1)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		ITTION OF A PRINCE PARTIES	0000		
Suite 500			Suite 500,	Attn.: Deb Nichols	4. Date Incorporated or Qualified To Do Business in Florida 4 / 1 6 / 9 7			
City & State			City & State		To Do Business in Florida 4/16/97			
Minneapolis, MN			Minneapolis	, MN	5. FEI Number	Applied For		
Zip		Country	Zip	Country	13-2768711	Not Applicable		
55437	_	USA	55437	USA	CERTIFICATE OF STATUS DESIRED S8.75	6 Additional Fee required r a Certificate of Status		
			7. Name a	and Address of Current Registe	red Agent			
	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			2000034020527				
[								
	Suite, Apt	. #, Etc.		1				
	City Tallahassee			ssee	State Zip Code FL 32301			
8. I, being a	ppointed the	registered agent of th	e above named corporation,	am amiliar with and accept the o	bligations of section 607.0505 or 617.0503, F.S.			

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zíp
D/P	Scott D. Meyer	622 Third Avenue	New York, NY 10017
D/V/S	Mary L. Jeffries	8400 Normandale Lake Blvd.	Minneapolis, MN 55437
Т	Russell Brown	8400 Normandale Lake Blvd.	Minneapolis, MN 55437
D	Michael Murphy	10 Queen Street	London EC4N 1TX UK
D	Gerald Cassidy	700 13th St., NW, Suite 1000	Washington, DC 20005
	See attached rider.		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F,S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals fisted on this form do not quality for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:
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Signature of Registered Agent

	<u> </u>			ZI			, -0
SIGNATURE A	AND TYPE	OR PRINT	ED NAME	d F	SIGN	HNO	OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Daytime Phone #

9/21/2000

## SHANDWICK USA, INC.

## Rider to the Corporation Reinstatement Form

### ADDITIONAL COMPANY DIRECTORS

MX. Mar	add Jobs
X	

<u>Title</u>	<u>Name</u>	Street Address
D	Thomas A. Tardio	1888 Century Park East, Suite 920
		Los Angeles, CA 90067
D	Alison J. Clarke	9 Temasek Blvd., #14-02
		Tower Two
		Suntec City, Singapore 03898
D	Lutz Meyer	Meckenhimer Allee 67-69
		D-53115, Bonn, Germany