


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90302 001 \*\*\*400.00  
06-05-2008 90302 002 \*\*\*138.75

<b>DOCUMENT # M06000004218</b>	
1. Entity Name <b>EURO RSCG DIRECT RESPONSE LLC</b>	

Principal Place of Business <b>513 N.W. 13TH AVENUE, FLOOR 5 PORTLAND, OR 97209</b>	Mailing Address <b>513 N.W. 13TH AVENUE, FLOOR 5 PORTLAND, OR 97209</b>
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**30008851**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>0% HAVAS</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>430 MOUNTAIN AVE</b>	
City & State		City & State <b>MURRAY HILL NJ</b>	
Zip	Country	Zip	Country
		<b>07974</b>	

05062008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>30-0008335</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE CO. 1201 HAUS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BESS, RON <del>350 HUDSON STREET -&gt;</del> <del>NEW YORK, NY 10014</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RON BESS 36 E GRAND ST CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILLIES, JACQUES 350 HUDSON STREET NEW YORK, NY 10014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR ARAMAKI, CRAIG 513 NW 13th AVE PORTLAND OR 97209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DAVID 350 HUDSON STREET NEW YORK, NY 10014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR ESTHER LEE 350 HUDSON ST NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYNNE, NANCY 350 HUDSON STREET NEW YORK, NY 10014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR LOUIS-PHILIPPE CAVALLO 350 HUDSON ST NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NETZLEY, STEVE 350 HUDSON STREET NEW YORK, NY 10014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAKASHIMA, BRIAN 350 HUDSON STREET NEW YORK, NY 10014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** NANCY WYNNE *Nancy Wynne* **212-886-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #