

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000114

1. Entity Name
LEO BURNETT FIELD MARKETING SERVICES, L.L.C.

FILED
00 MAR 13 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WR
3/22

Principal Place of Business
35 WEST WACKER DRIVE
CHICAGO IL 60601

Mailing Address
35 WEST WACKER DRIVE
CHICAGO IL 60601-1614



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
36-4134877

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LEO BURNETT COMPANY, INC.
35 WEST WACKER DRIVE
CHICAGO IL 60601 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Leo Burnett USA, Inc.
35 West Wacker Drive
Chicago, IL 60601 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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 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.

Sondra J. Thorson
ASSISTANT Secretary

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/16/00 312/220-5959

CR2E083 (9/99)