

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09927

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** SAATCHI & SAATCHI NORTH AMERICA, INC.

**Current Principal Place of Business:**

375 HUDSON STREET  
NEW YORK, NY 10014

**New Principal Place of Business:**

375 HUDSON STREET  
NEW YORK, NY 10014 US

**Current Mailing Address:**

375 HUDSON STREET  
NEW YORK, NY 10014

**New Mailing Address:**

375 HUDSON STREET  
NEW YORK, NY 10014 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDC  
Name: COCHRANE, WILLIAM H PDC  
Address: 375 HUDSON STREET  
City-St-Zip: NEW YORK, NY 10014 US

Title: TEVC  
Name: CARR, ALAN TEVC  
Address: 375 HUDSON STREET  
City-St-Zip: NEW YORK, NY 10014 US

Title: VPAT  
Name: MEEHAN, RICHARD W VPAT  
Address: 79 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10016 US

Title: SEVP  
Name: YOUNG, HEIDI SEVP  
Address: 375 HUDSON STREET  
City-St-Zip: NEW YORK, NY 10014 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL KOPP

POA

04/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date