

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P18848</b> 1. Entity Name HILL AND KNOWLTON, INC.				 		<b>FILED</b> 06 AUG -9 PM 1:26 SECRETARY OF STATE REINSTATEMENT 05-06 	
Principal Place of Business 466 LEXINGTON AVENUE NEW YORK, NY 10017 US				Mailing Address 466 LEXINGTON AVENUE NEW YORK, NY 10017 US			
2. Principal Place of Business 909 Third Avenue Suite, Apt. #, etc.		3. Mailing Address 40 WPP, 125 Park Avenue Suite, Apt. #, etc. 472 FL.		07262006 REIN-P CR2E098 (11/05)			
City & State New York, NY Zip 10022 Country USA		City & State New York, NY Zip 10017 Country USA					
4. FEI Number 13-3016062				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000			
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$900.00</b>				DATE _____			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE D NAME THORNE, MARK STREET ADDRESS 466 LEXINGTON AVENUE CITY-ST-ZIP NEW YORK, NY	<input type="checkbox"/> Delete			TITLE S/D NAME THORNE, MARK STREET ADDRESS 909 THIRD AVE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V NAME SANSON, RAYMOND STREET ADDRESS 466 LEXINGTON AVENUE CITY-ST-ZIP NEW YORK, NY	<input type="checkbox"/> Delete			TITLE V NAME SANSON, RAYMOND STREET ADDRESS 909 THIRD AVE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE V NAME NEWMAN, THOMAS O. STREET ADDRESS 125 PARK AVE CITY-ST-ZIP NEW YORK, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE D/C NAME TAAFFE, PAUL STREET ADDRESS 909 THIRD AVE CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			600079047526 08/23/06--01026--016 ***900.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:				THOMAS O. NEWMAN 7/27/06 212-632-2200			