

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91145 006 \*\*\*150.00

DOCUMENT # P 19565 ✓

1. Entity Name

F & S DISPOSITION, INC.  
c/o THE INTERPUBLIC GROUP OF COS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

136 MADISON AVENUE

Suite, Apt. #, etc.

6TH FL. TAX DEPT.

City & State

NEW YORK, NY

Zip

10016

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1105074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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000040

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
THE PRENTICE-HALL CORP. SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VICE PRESIDENT  
ARTHUR M. MASON  
1270 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SECRETARY  
VINCENT P. LUBRANO  
1 DAG HAMMARSKJOLD PLAZA  
NEW YORK, NY 10017

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TREASURER  
STEVEN BERNS  
1270 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

13. 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 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 11 or on an attachment with an address, with all other like empowered.

ARTHUR MASON

SIGNATURE:

Arthur Mason

VICE PRESIDENT

4/29/02 (212) 621-5706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)