FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38466** **(9)**

1. Corporation Name
BATES ADVERTISING USA, INC.

Principal Place of Business	Mailing Address
405 LEXINGTON AVENUE NEW YORK NY 10174	405 LEXINGTON AVENUE NEW YORK NY 10174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1992	3a. Date of Last Report: 02/15/1994
4. FEI Number: 13-2993871	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	BUNGEY, MICHAEL	12 NAME		
STREET ADDRESS	405 LEXINGTON AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	CFO	☑ Change ☐ Addition
NAME	EPSTEIN, MEL	22 NAME	D'Angelo, Arthur	
STREET ADDRESS	405 LEXINGTON AVE.	23 STREET ADDRESS	405 Lexington Avenue	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	New York, NY 10174	
TITLE	SD	31 TITLE	Sr. VP, Treasurer	☑ Change ☐ Addition
NAME	CITRON, JOHN N.	32 NAME	Dolan, Bernard	
STREET ADDRESS	405 LEXINGTON AVE.	33 STREET ADDRESS	405 Lexington Avenue	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	New York, NY 10174	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	DOLAN, BERNARD	42 NAME		
STREET ADDRESS	405 LEXINGTON AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	REMOVE	☐ Change ☐ Addition
NAME	SPIELVOGEL, CARL	52 NAME		
STREET ADDRESS	405 LEXINGTON AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CRAKNELL, ANDREW	62 NAME		
STREET ADDRESS	405 LEXINGTON AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard P. Dolan Sr VP Treasurer 4/14/95 212-297-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bernard P. Dolan

0001997 CP