

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38466**

1. Corporation Name

BATES ADVERTISING USA, INC.

Principal Place of Business

405 LEXINGTON AVENUE
NEW YORK NY 10174

Mailing Address

C/O GOULD & WILKIE
1 CHASE MANHATTAN PLAZA
NEW YORK NY 10005
US

FILED

99 JAN 22 PM 12:34

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/22/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-2993871	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name CT CORPORATION SYSTEM			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 South PINE ISLAND ROAD			
				83			
				84 City Plantation			
				FL 85 Zip Code 33324			

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE *Carrie Burr* SPECIAL ASSISTANT SECRETARY DATE 1/22/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C/D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNGEY, MICHAEL			1.2 NAME	800002755528--5		
STREET ADDRESS	405 LEXINGTON AVE.			1.3 STREET ADDRESS	-01/26/99--01073--020		
CITY-ST-ZIP	NEW YORK NY 10174			1.4 CITY-ST-ZIP	****150.00 ****150.00		
TITLE	VPAS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	D'ANGELO, ARTHUR E			2.2 NAME	800002755528--5		
STREET ADDRESS	405 LEXINGTON AVE.			2.3 STREET ADDRESS	-01/26/99--01073--021		
CITY-ST-ZIP	NEW YORK NY 10174			2.4 CITY-ST-ZIP	*****8.75 *****8.75		
TITLE	CFO	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOLAN, BERNARD			3.2 NAME			
STREET ADDRESS	405 LEXINGTON AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10174			3.4 CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITEHEAD, WILLIAM			4.2 NAME			
STREET ADDRESS	405 LEXINGTON AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10174			4.4 CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOPCSAK, MICHAEL J			5.2 NAME			
STREET ADDRESS	C/O GOULD & WILKIE, 1 CHASE MANHATTAN PLAZ			5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10005			5.4 CITY-ST-ZIP			
TITLE	A/T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WESTPHAL, ROBERT S.			6.2 NAME			
STREET ADDRESS	375 HUDSON ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10014			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Michael J. Kopcsak* **Michael J. Kopcsak** (212) 344 5680
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Vice President, Secretary
Date 1/22/99

CR2E034 (11/98)