

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90020 045 ***150.00

DOCUMENT # P38466

1. Entity Name
BATES ADVERTISING USA, INC.



Principal Place of Business
**%WPP, 125 PARK AVE.
NEW YORK, NY 10017 US**

Mailing Address
**%WPP, 125 PARK AVE.
NEW YORK, NY 10017 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2993871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWE, MARY ELLEN
STREET ADDRESS	125 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	SVPT
NAME	NEUMAN, THOMAS D
STREET ADDRESS	125 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VPSD
NAME	FAREWELL, KEVIN
STREET ADDRESS	125 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VPT
NAME	LOBENE, TOM
STREET ADDRESS	125 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	D
NAME	RICHARDSON, PAUL
STREET ADDRESS	125 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas O. Neuman* *Thomas O. Neuman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/05

212-632-2200