

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005576

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**7018337843CC**

**Entity Name:** CBS TELEVISION STATIONS INC.

**Current Principal Place of Business:**

51 W 52ND STREET  
NEW YORK, NY 10019

**Current Mailing Address:**

C/O ADRIENNE HARRINGTON  
51 W 52ND STREET (19-13)  
NEW YORK, NY 10019

**FEI Number:** 25-1783727

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           EVP, CFO  
Name           SCARINGELLA, MICHELE  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title           P  
Name           DUNN, PETER  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title           EVP, SECRETARY  
Name           ANSHELL, JONATHAN H.  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title           AS  
Name           SOBCZAK, ERIC J.  
Address        20 STANWIX STREET  
City-State-Zip: PITTSBURGH PA 15222

Title           ASST. SECRETARY  
Name           KOCZKO, MICHAEL A.  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title           D, EVP, ASST. SECRETARY  
Name           TU, LAWRENCE P.  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title           EVP, GENERAL COUNSEL, ASST.  
                  SECRETARY  
Name           HILLMAN, DAVID  
Address        1345 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title           TREASURER  
Name           MORRISON, JAMES C.  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERIC J SOBCZAK

**ASSISTANT SECRETARY    04/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, SVP, CHIEF ACCOUNTING OFFICER  
Name            BYRNES, DAVID  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            DIRECTOR, EVP  
Name            SPADE, CHRISTINA  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019