

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006619

**Entity Name:** CBS/CTS INC.**Current Principal Place of Business:**51 W 52ND STREET  
NEW YORK, NY 10019**Current Mailing Address:**C/O ADRIENNE HARRINGTON  
51 WEST 52ND STREET (19-13)  
NEW YORK, NY 10019**FEI Number:** 13-4179765**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	VT
Name	HILL, KENNETH
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	DV
Name	IANNIELLO, JOSEPH R
Address	51 WEST 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	VS
Name	STRAKA, ANGELINE C
Address	51 WEST 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	VP, GC, AS
Name	ANSCHALL, JONATHAN H.
Address	4024 RADFORD AVENUE
City-State-Zip:	STUDIO CITY CA 91604

Title	CHAIRMAN
Name	MOONVES, LESLIE
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	P
Name	PETER, DUNN
Address	524 W 57TH STREET
City-State-Zip:	NEW YORK NY 10019

Title	D, VP, CAO
Name	LIDING, LAWRENCE
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019

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

**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** 03/02/2015\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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