2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007189

Entity Name: OUTFRONT MEDIA OUTERNET INC.

Current Principal Place of Business:

405 LEXINGTON AVENUE NEW YORK, NY 10174

Current Mailing Address:

405 LEXINGTON AVENUE NEW YORK, NY 10174 US

FEI Number: 04-3531204 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

FILED Mar 05, 2020

Secretary of State

3913973204CC

Officer/Director Detail :

Title **TREASURER** Title CEO, PRESIDENT

KARABAS, JONATHAN D Name Name MALE, JEREMY J

405 LEXINGTON AVENUE Address **405 LEXINGTON AVENUE** Address NEW YORK NY 10174 NEW YORK NY 10174 City-State-Zip: City-State-Zip:

Title DIRECTOR, EXECUTIVE VICE Title DIRECTOR, SENIOR VICE PRESIDENT

PRESIDENT WOOD, GEORGE

Name Name SAUER, RICHARD H

Address 405 LEXINGTON AVENUE **405 LEXINGTON AVENUE** Address City-State-Zip: NEW YORK NY 10174

City-State-Zip: NEW YORK NY 10174

Title EXECUTIVE VICE PRESIDENT, CHIEF **EXECUTIVE VICE PRESIDENT** Title REVENUE OFFICER

Name SENESE, JODI PUNTER, CLIVE

Name Address **405 LEXINGTON AVENUE**

Address **405 LEXINGTON AVENUE** City-State-Zip: NEW YORK NY 10174 City-State-Zip: NEW YORK NY 10174

Title EXECUTIVE VICE PRESIDENT SENIOR VICE PRESIDENT Title

Name TOSTANOSKI, NANCY Name SIRY, THEODORE G. Address **405 LEXINGTON AVENUE** Address **405 LEXINGTON AVENUE**

City-State-Zip: NEW YORK NY 10174 NEW YORK NY 10174 City-State-Zip:

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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: LOUIS J. CAPOCASALE

AUTHORIZED PERSON

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Name

Title AUTHORIZED PERSON Title DIRECTOR, EXECUTIVE VICE

CAPOCASALE, LOUIS J

Address 405 LEXINGTON AVENUE Name SIEGEL, MATTHEW

City-State-Zip: NEW YORK NY 10174

Address 405 LEXINGTON AVENUE
City-State-Zip: NEW YORK NY 10174

City-State-Zip: NEW YORK NY 10174