## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000133

Entity Name: OMNICOM MANAGEMENT INC.

**Current Principal Place of Business:** 

437 MADISON AVENUE NEW YORK, NY 10022

**Current Mailing Address:** 

437 MADISON AVENUE NEW YORK, NY 10022 US

FEI Number: 13-3463642 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 Apr 21, 2021

**Secretary of State** 

4493708403CC

## Officer/Director Detail:

| Title           | PRESIDENT, DIRECTOR | Title           | SECRETARY, DIRECTOR |
|-----------------|---------------------|-----------------|---------------------|
| Name            | WREN, JOHN D.       | Name            | O'BRIEN, MICHAEL J. |
| Address         | 437 MADISON AVENUE  | Address         | 437 MADISON AVENUE  |
| City-State-Zip: | NEW YORK NY 10022   | City-State-Zip: | NEW YORK NY 10022   |

Title TREASURER, DIRECTOR Title DIRECTOR

NameTARLOWE, ROCHELLENameANGELASTRO, PHILIP J.Address437 MADISON AVENUEAddress437 MADISON AVENUECity-State-Zip:NEW YORK NY 10022City-State-Zip: NEW YORK NY 10022

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: MICHAEL O'BRIEN SECRETARY

Electronic Signature of Signing Officer/Director Detail

04/21/2021 Date