

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004154

Entity Name: CBS (PDI) DISTRIBUTION 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:** 06-1392894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE, FL 32301 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	ASST. SECRETARY
Name	KOCZKO, MICHAEL A.
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019

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

Title	VCFO
Name	MORROW, GEORGETTE
Address	4024 RADFORD AVENUE
City-State-Zip:	STUDIO CITY CA 91604

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

Title	P
Name	TAUB, BRUCE C
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019

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

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

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

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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: ERIC J. SOBCZAK**ASSISTANT SECRETARY** 02/27/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	SVP, TREASURER
Name	HILL, KENNETH
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019