

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000005856

Entity Name: VIACOMCBS INC.

**Current Principal Place of Business:**

51 W 52ND STREET  
NEW YORK, NY 10019

**Current Mailing Address:**

C/O ASHLEY CHAFFIN  
51 W 52ND STREET (19-13)  
NEW YORK, NY 10019 US

FEI Number: 04-2949533

Certificate of Status Desired: No

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
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            PRESIDENT, CEO  
Name            BAKISH, ROBERT M  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

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

Title            DIRECTOR  
Name            BEINECKE, CANDACE K  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            DIRECTOR  
Name            BYRNE, BARBARA  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            DIRECTOR  
Name            GOLDNER, BRIAN  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            DIRECTOR  
Name            GRIEGO, LINDA M  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

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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. SOBCHAK

ASSISTANT SECRETARY    05/04/2020

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KLIEGER, ROBERT N  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR  
Name SCHUMAN, SUSAN  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title CFO, EXECUTIVE VICE PRESIDENT  
Name SPADE, CHRISTINA  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR, VICE CHAIR OF THE BOARD  
Name REDSTONE, SHARI  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR  
Name TERRELL, FREDERICK O  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019