

2021 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, DIRECTOR
Name BAKISH, ROBERT M
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

Title ASST. SECRETARY
Name KOCZKO, MICHAEL A.
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019

Title EVP, CFO
Name CHOPRA, NAVEEN
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: SOBCZAK , ERIC J

ASST. SECRETARY

04/22/2021

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 DIRECTOR
Name NELSON , ROBERT N
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

Title DIRECTOR
Name PHILLIPS JR., CHARLES E
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019