2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09927

FILED May 07, 2007 Secretary of State

Entity Name: SAATCHI & SAATCHI NORTH AMERICA, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	SON STREET RK, NY 10014					
Current Mailing Address:			New Maili	New Mailing Address:		
	SON STREET RK, NY 10014					
FEI Number	: 13-3341336	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLA ION, FL 33324	ND ROAD				
	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	nt	Date		
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (COCHRANE, V 375 HUDSON S NEW YORK, N	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CFOT (POPERNIK, MI 375 HUDSON S NEW YORK, N	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (ROBERTS, KE 375 HUDSON S NEW YORK, N	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	S (YOUNG, HEIDI 375 HUDSON S NEW YORK, N	STREET	Title: Name: Address: City-St-Zip:	SSV (X) Change () Addition YOUNG, HEIDI 375 HUDSON STREET NEW YORK, NY 10014 US		
	() Delete	Title: Name: Address:	VPAT () Change (X) Addition WESTPHAL, ROBERT S 375 HUDON STREET		
Title: Name: Address: City-St-Zip:			City-St-Zip:	NEW YORK, NY 10014		

Statutes. I further 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 an address, with all other like empowered.

	Flacture is Circuit of Circuit of Office and Disease		D-1-
SIGNATURE:	SONDRA J THORSON	VPAS	05/07/2007