


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P09927 (5) 1. Corporation Name SAATCHI & SAATCHI NORTH AMERICA, INC.			
Principal Place of Business 375 HUDSON ST NEW YORK NY 10014 US		Mailing Address C/O CORDIANT HOLDINGS, INC. 375 HUDSON ST NEW YORK NY 10014 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature: typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DIRECTOR
NAME	LAING, JENNIFER	1.2 NAME	COCHRANE, WILLIAM H
STREET ADDRESS	375 HUDSON ST.	1.3 STREET ADDRESS	375 HUDSON ST.
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, NY 10014
TITLE	CD	2.1 TITLE	DIRECTOR
NAME	WAX, EDWARD L	2.2 NAME	LAING, JENNIFER
STREET ADDRESS	375 HUDSON ST.	2.3 STREET ADDRESS	375 HUDSON ST.
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	NEW YORK, NY 10014
TITLE	VSD	3.1 TITLE	DIRECTOR
NAME	KOPSCAK, MICHAEL J	3.2 NAME	SEELEERT, ROBERT L
STREET ADDRESS	375 HUDSON ST.	3.3 STREET ADDRESS	375 HUDSON ST.
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK, NY 10014
TITLE	EVPT	4.1 TITLE	
NAME	COCHRANE, WILLIAM H.	4.2 NAME	
STREET ADDRESS	375 HUDSON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	
NAME	NELSON, ROSEMARY	5.2 NAME	
STREET ADDRESS	375 HUDSON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	WESTPHAL, ROBERT S	6.2 NAME	
STREET ADDRESS	375 HUDSON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1986	
4. FEI Number 13-3341336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Robert S. Westphal

5-21-98

11-463-8710

CR2E034 (10/97)