

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90019 020 ***550.00

DOCUMENT # P09927

1. Corporation Name

SAATCHI & SAATCHI NORTH AMERICA, INC.

Principal Place of Business

375 HUDSON ST
NEW YORK NY 10014
US

Mailing Address

C/O CORDIAN HOLDINGS, INC.
375 HUDSON ST
NEW YORK NY 10014
US

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



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LAING, JENNIFER
STREET ADDRESS 375 HUDSON ST.
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME COCHRANE, WILLIAM H.
STREET ADDRESS 375 HUDSON ST
CITY-ST-ZIP NEW YORK NY 10014

TITLE VSD ☐ DELETE

NAME KOPSCAK, MICHAEL J
STREET ADDRESS 375 HUDSON ST.
CITY-ST-ZIP NEW YORK NY

TITLE EVPT ☐ DELETE

NAME COCHRANE, WILLIAM H.
STREET ADDRESS 375 HUDSON STREET
CITY-ST-ZIP NEW YORK NY

TITLE VP ☒ DELETE

NAME NELSON, ROSEMARY
STREET ADDRESS 375 HUDSON ST.
CITY-ST-ZIP NEW YORK NY

TITLE AT ☐ DELETE

NAME WESTPHAL, ROBERT S
STREET ADDRESS 375 HUDSON ST
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME LAING, JENNIFER
1.3 STREET ADDRESS 375 HUDSON ST.
1.4 CITY-ST-ZIP NY, NY 10014

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME SEEGLT, ROBERT
2.3 STREET ADDRESS 375 HUDSON ST.
2.4 CITY-ST-ZIP NY, NY 10014

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert S. Westphal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-99

Date

212-463-4010

Daytime Phone #

CR2E034 (11/98)