

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90003 015 \*\*\*150.00

**DOCUMENT # P09927**

**1. Entity Name**  
**SAATCHI & SAATCHI NORTH AMERICA, INC.**

**Principal Place of Business**

**375 HUDSON ST**  
**NEW YORK NY 10014**  
**US**

**Mailing Address**

**C/O DUNNINGTON, BURTHOLOW, & MILLER LLP**  
**666 THIRD AVE**  
**NEW YORK NY 10017**  
**US**



**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

*C/O Dunnington, Burtholow & Miller LLP*  
 Suite, Apt. #, etc.

City & State

City & State

*666 Third Ave Floor 27*  
*New York NY*

Zip

Country

Zip

Country

*10017*

*US*

**4. FEI Number**

**13-3341336**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NRAT SERVICES, INC.**  
**526 EAST PARK AVE.**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>POPERNIK, MICHAEL</b> <b>375 HUDSON ST.</b> <b>NEW YORK NY 10014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVP</b> <b>COCHRANE, WILLIAM H.</b> <b>375 HUDSON ST</b> <b>NEW YORK NY 10014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>LEWIS, STEVEN E.</b> <b>666 THIRD AVE.</b> <b>NEW YORK NY 10014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>YOUNG, HEIDI</b> <b>375 HUDSON STREET</b> <b>NEW YORK NY 10014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEELERT, ROBERT L.</b> <b>375 HUDSON ST.</b> <b>NEW YORK NY 10014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DAY, SWEIN W</b> <b>375 HUDSON ST</b> <b>NEW YORK NY 10014</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Popernik, Michael</b> <b>375 Hudson St</b> <b>New York, NY 10014</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>COCHRANE, WILLIAM H.</b> <b>375 Hudson St.</b> <b>New York, NY 10014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/S</b> <b>LEWIS, STEVEN E.</b> <b>666 Third Ave Floor 27</b> <b>New York, NY 10017</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEELERT, ROBERT L.</b> <b>375 Hudson St.</b> <b>New York, NY 10014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant to</b> <b>WESTPHAL, ROBERT</b> <b>4 Herald Sq 950 6th Ave Floor 11</b> <b>New York, NY 10001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Steven E. Lewis, President & Secretary*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/13/02*  
 Date

*(212) 682-8811*  
 Daytime Phone #

CR2E034 (9/01)