

1.) CORPORATION NAME:

**CBS RADIO HOLDINGS, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **2/28/2011**

SCC ID NO: **00893636**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O ADRIENNE HARRINGTON  
51 W 52ND ST

CITY/ST/ZIP: NEW YORK, NY 10019-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DAN MASON  
TITLE: P/CEO  
ADDRESS: 40 W 57TH ST  
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER  DIRECTOR

NAME: ANTON W. GUITANO  
TITLE: COO/CFO  
ADDRESS: 40 W 57TH STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER  DIRECTOR

NAME: THOMAS S. SHILEN, JR.  
TITLE: VICE PRESIDENT  
ADDRESS: 51 W 52ND STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER  DIRECTOR

NAME: J. KENNETH HILL  
TITLE: TREASURER  
ADDRESS: 51 W 52ND STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER  DIRECTOR

NAME: LOUIS J BRISKMAN  
TITLE: VICE PRESIDENT  
ADDRESS: 51 W 52ND ST  
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER  DIRECTOR

NAME: JOSEPH R IANNIELLO TITLE: VICE PRESIDENT ADDRESS: 51 W 52ND ST CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANGELINE C. STRAKA TITLE: SECRETARY ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JO ANN HALLER TITLE: SVP/GEN COUNSEL ADDRESS: 40 W 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LISA M. TANZI TITLE: VICE PRESIDENT ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL A. KOCZKO TITLE: ASST SECRETARY ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERIC J. SOBCZAK TITLE: ASST SECRETARY ADDRESS: 20 STANWIX ST CITY/ST/ZIP/CO: PITTSBURGH, PA 15222-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ERIC J. SOBCZAK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ERIC J. SOBCZAK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
1/10/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	