

1.) CORPORATION NAME:

INTERPUBLIC INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAPITOL CORPORATE SERVICES, INC.
10 S. JEFFERSON ST.
SUITE 1400**

SCC ID NO: **F0157752**

ROANOKE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1114 AVE OF THE AMERICAS
16TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10036

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:	ANDREW BONZANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1114 6TH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME:	ANTHONY ALEXANDROU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1114 6TH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME:	ROBERT DOBSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1114 6TH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME:	JOHN GILLIAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13801 FNB PARKWAY		
CITY/ST/ZIP/CO:	OMAHA, NE 68154		

NAME:	JACQUELINE STONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13801 FNB PARKWAY		
CITY/ST/ZIP/CO:	OMAHA, NE 68154		

NAME:	JAMES CHIRICO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	1114 6TH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME: ELLEN JOHNSON TITLE: TREASURER ADDRESS: 1114 6TH AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ANDREW BONZANI TITLE: SECRETARY ADDRESS: 1114 6TH AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ANDREW BONZANI TITLE: DIRECTOR ADDRESS: 1114 6TH AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JAMES CHIRICO	JAMES CHIRICO, ASST SEC	6/18/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.