

1.) CORPORATION NAME:

CBS Operations Inc.

DUE DATE: **1/31/2011**

SCC ID NO: **F1239096**

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

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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:	LESLIE MOONVES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	JOSEPH R IANNIELLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	THOMAS S. SHILEN, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CONTRLR/CAO		
ADDRESS:	51 W 52ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	LOUIS J. BRISKMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GEN CNSL/AS		
ADDRESS:	51 W 52ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	J. KENNETH HILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/TREAS		
ADDRESS:	51 W 52ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELINE C STRAKA SR VP/SECRETARY 51 W 52ND ST NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA M TANZI ASST SECRETARY 51 W 52ND ST NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A. KOCZKO ASST SECRETARY 51 W 52ND STREET NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC J. SOBCZAK VP/AS 20 STANWIX ST PITTSBURGH, PA 15222-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ ERIC J. SOBCZAK</u>	<u>ERIC J. SOBCZAK, VP/AS</u>	<u>11/17/2010</u>
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.