

1.) CORPORATION NAME:

**CBS Broadcasting Inc.**

DUE DATE: **6/30/2011**

SCC ID NO: **F1298258**

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 | 5,000      |

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: **C/O ADRIENNE HARRINGTON  
51 W 52ND ST (19-13)**

CITY/ST/ZIP: **NY, 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: **LOUIS J BRISKMAN**  
TITLE: **EVP/ASST SEC**  
ADDRESS: **51 W 52ND ST**  
CITY/ST/ZIP/CO: **NEW YORK, NY 10019-**

OFFICER

DIRECTOR

NAME: **JOSEPH R. IANNIELLO**  
TITLE: **EVP**  
ADDRESS: **51 W 52ND ST**  
CITY/ST/ZIP/CO: **NEW YORK, NY 10019-**

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: **LESLIE MOONVES**  
TITLE: **President/CEO**  
ADDRESS: **51 W 52ND STREET**  
CITY/ST/ZIP/CO: **NEW YORK, NY 10019-**

OFFICER

DIRECTOR

|  |   |
|--|---|
| NAME: ERIC J. SOBCZAK<br>TITLE: ASST SECRETARY<br>ADDRESS: 20 STANWIX ST<br>CITY/ST/ZIP/CO: PITTSBURG, PA 15222-   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: BRUCE C. TAUB<br>TITLE: EVP/CFO<br>ADDRESS: 51 W 52ND STREET<br>CITY/ST/ZIP/CO: NEW YORK, NY 10019-  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: JONATHAN H. ANSCHELL<br>TITLE: EVP/GC/AS<br>ADDRESS: 4024 RADFORD AVENUE<br>CITY/ST/ZIP/CO: STUDIO CITY, CA 91604-   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: LISA M. TANZI<br>TITLE: VP/AS<br>ADDRESS: 51 W 52ND STREET<br>CITY/ST/ZIP/CO: NEW YORK, NY 10019-  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: MICHAEL A. KOCZKO<br>TITLE: ASST SECRETARY<br>ADDRESS: 51 W 52ND STREET<br>CITY/ST/ZIP/CO: NEW YORK, NY 10019-   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: ANGELINE C. STRAKA<br>TITLE: SVP/SECRETARY<br>ADDRESS: 51 W 52ND STREET<br>CITY/ST/ZIP/CO: NEW YORK, NY 10019-   | <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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | ERIC J. SOBCZAK, ASST SECRETARY<br>PRINTED NAME AND CORPORATE TITLE           |
| 4/26/2011<br>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. |   |