

1.) CORPORATION NAME:

CBS/CTS INC.

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **12/31/2011**

SCC ID NO: **F1495086**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

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.

OFFICER DIRECTOR

NAME: PETER DUNN
TITLE: PRESIDENT
ADDRESS: 524 W 57TH ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER DIRECTOR

NAME: MICHAEL A. KOCZKO
TITLE: ASST SECRETARY
ADDRESS: 51 W 52ND STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER DIRECTOR

NAME: ERIC J. SOBCZAK
TITLE: ASST SECRETARY
ADDRESS: 20 STANWIX ST
CITY/ST/ZIP/CO: PITTSBURGH, PA 15222-

OFFICER DIRECTOR

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

OFFICER DIRECTOR

NAME: LOUIS J. BRISKMAN
TITLE: EVP/ASST SECY
ADDRESS: 51 W 52ND STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

NAME: JOSEPH R. IANNIELLO TITLE: EVP ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS S. SHILEN, JR. TITLE: SVP/CAO ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LESLIE MOONVES TITLE: CHAIRMAN ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHELE SCARINGELLA TITLE: EVP/CFO ADDRESS: 524 W 57TH ST CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANGELINE C. STRAKA TITLE: SVP/SECY ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JONATHAN H. ANSCHELL TITLE: EVP/GC/AS ADDRESS: 4024 RADFORD AVENUE CITY/ST/ZIP/CO: STUDIO CITY, CA 91604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANTON W. GUITANO TITLE: COO ADDRESS: 40 W 57TH STREET 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 _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ERIC J. SOBCZAK, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
10/18/2011 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.	