

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214526333

1.) CORPORATION NAME:

**Saatchi & Saatchi Healthcare Communications, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1535089**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 200        |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 375 HUDSON STREET

CITY/ST/ZIP: NEW YORK, NY 10014

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.

|                 |                    |   |                                   |
|-----------------|--------------------|---|-----------------------------------|
|                 |                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | ROBERT S. WELCH    |   |                                   |
| TITLE:          | PRESIDENT          |   |                                   |
| ADDRESS:        | 375 HUDSON STREET  |   |                                   |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10014 |   |                                   |

|                 |                    |   |  |
|-----------------|--------------------|---|--|
|                 |                    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | NATHALIE LE BOS    |   |  |
| TITLE:          | VICE PRESIDENT     |   |  |
| ADDRESS:        | 375 HUDSON STREET  |   |  |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10014 |   |  |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | JOHN R. SPITZIG      |   |                                   |
| TITLE:          | VP/ASST. SEC         |   |                                   |
| ADDRESS:        | 35 WEST WACKER DRIVE |   |                                   |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60601    |   |                                   |

|                 |                    |   |                                   |
|-----------------|--------------------|---|-----------------------------------|
|                 |                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | ALBERT FINS        |   |                                   |
| TITLE:          | TREASURER          |   |                                   |
| ADDRESS:        | 375 HUDSON STREET  |   |                                   |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10014 |   |                                   |

|                 |                    |   |                                   |
|-----------------|--------------------|---|-----------------------------------|
|                 |                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | CLAUDIA WERNICK    |   |                                   |
| TITLE:          | SECRETARY          |   |                                   |
| ADDRESS:        | 79 MADISON AVENUE  |   |                                   |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10016 |   |                                   |

|                 |                    |                                  |  |
|-----------------|--------------------|----------------------------------|--|
|                 |                    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | NICHOLAS COLUCCI   |                                  |  |
| TITLE:          | DIRECTOR           |                                  |  |
| ADDRESS:        | 1675 BROADWAY      |                                  |  |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10019 |                                  |  |

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/ JOHN R. SPITZIG  | JOHN R. SPITZIG, VP/ASST. SEC    | 5/21/2014 |
| 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. |                                  |           |