

1.) CORPORATION NAME:

CBS Interactive Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **F1659079**

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	100

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: 235 SECOND ST

CITY/ST/ZIP: SAN FRANCISCO, CA 94105-3124

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:	NEIL M ASHE	
TITLE:	PRESIDENT	
ADDRESS:	235 SECOND ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANGELINE C. STRAKA	
TITLE:	SECRETARY	
ADDRESS:	51 W 52ND STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	J. KENNETH HILL	
TITLE:	TREASURER	
ADDRESS:	51 W 52ND STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARY HENTGES	
TITLE:	EVP/CFO	
ADDRESS:	235 SECOND STREET	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LESLIE MOONVES	
TITLE:	Chairman	
ADDRESS:	51 W 52ND STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-	

NAME: LOUIS J. BRISKMAN TITLE: VICE PRESIDENT ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH R. IANNIELLO TITLE: VICE PRESIDENT 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: VICE PRESIDENT ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LISA M. TANZI TITLE: VICE PRESIDENT ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL A. KOCZKO TITLE: ASST SECRETARY ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERIC J. SOBCZAK TITLE: ASST SECRETARY ADDRESS: 20 STANWIX STREET CITY/ST/ZIP/CO: PITTSBURGH, PA 15222-	<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
1/10/2011 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.	