

1.) CORPORATION NAME:

CBS Outdoor Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **F1699125**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23219

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 STREET (19-13)

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: WALLY C KELLY
TITLE: PRESIDENT CEO
ADDRESS: 405 LEXINGTON AVE
CITY/ST/ZIP/CO: NEW YORK, NY 10174-

OFFICER

DIRECTOR

NAME: DAVID H. POSY
TITLE: VICE PRESIDENT
ADDRESS: 405 LEXINGTON AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10174-

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 STREET
CITY/ST/ZIP/CO: PITTSBURGH, PA 15222-

OFFICER

DIRECTOR

NAME: LISA M. TANZI
TITLE: ASST SECRETARY
ADDRESS: 51 W 52ND STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

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: LOUIS J BRISKMAN TITLE: EVP SECRETARY ADDRESS: 51 WEST 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND NOWAK TITLE: EVP CFO ADDRESS: 405 LEXINGTON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10174-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD SAUER TITLE: EVP/GC/AS ADDRESS: 405 LEXINGTON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10174-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: THEODORE G. SIRY TITLE: EVP/Controlr/AS ADDRESS: 405 LEXINGTON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10174-	<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
12/7/2011 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.	