## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

ADVO, INC.

**FILED** May 13 1998 8:00am Secretary of State



Dalmain of Di	o of Dustiness	Adolling 6.1		_					
Principal Place		Mailing Address	•						
ONE UNIVAC LANE ATTN: TAX DEPT WINDSOR CT 08095		ADVO INC ONE UNIVAC LANE WINDSOR CT 06095	ONE UNIVAC LANE			DO NOT WRITE IN THIS SPACE			
US	0000	US				3. Date Incorporated or Qualified			٦
						09/05/1972			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applie			1
21		26				06-0885252	N <sub>1</sub>	ot Applicable	]
		Suite, Apt. #, etc.	¬ ' ' '			5. Certificate of Status Desired	*****	Additional equired	]
City & State	e	City & State	<b>")</b>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Ζφ	Zip Country			8. This corporation owes or has paid the current year Intangible			
24	25 29 30			Personal Property Tax due June 30. 🔀 Yes 🔲 No					
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent		]
C.	T CORPORATION SYSTEM		1	81 1	Name				
	00 <b>\$.</b> Pine Island RD. Antation FL 33324			<b>82</b> S	street Addres	ess (P.O. Box Number is Not Acceptable)			1
, ,	Within the books		ļ	83			· <u>a </u>		1
				<b>84</b> C	City		FL 85 Zip	Code	1
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State on m familiar with, and accept the obliga	of Florida. Such chan <b>oc wa</b> s a	authorized	f by the	amed corpo e corporatio	ration submits this statement for the purpor in's board of directors. I hereby accept the	se of changing in appointment as	ts registered registered	
SIGNATURE									İ
	Standure, typed or printed name of registered age:			Agent s	ignature required	d when reinstating) DA			_} f
12.	OFFICERS AND		13.		10	ADDITIONS/CHANGES TO OFFICERS			18
TITLE	EVPC	X DELETE	1.1 1(1		1 7 1	p e cfo	L. Change	X Addition	1
NAME	ROBINSON, LOWELL W.		1.2 NAME		300	N MCCOMBS VE UNIVAC LANE			3
STREET ADORESS	ONE GOLD ST., APT 6								ļņ
CITY-ST-ZIP	HARTFORD CT	T DELETE		Y-SI-7	IP WI	IND SOR, CT		1.440:	٩Ļ
TITLE	VP	DELETE	2 1 TIT		-		Change	Addition	1
NAME	HIRST, ROBERT S.	•		MĒ					ı
STREET ADORESS	ONE UNIVAC LANE		2.3 STREE						
CITY-ST-ZIP	WINDSOR CT	DECETE		17 - ST - Z	?IP		Channe	Addito	4
TITLE	VS STICLED DAVID M	DELETE	3.1 T(T				☐ Change	Addition	
NAME	STIGLER, DAVID M. One Univac Lane		3.2 NA						1
STREET ADDRESS	MININAAD AT			REET ADD					
CITY-ST-ZIP	VT VINUSUR CI	DELETE	3.4. CI 4.1 TIX	1Y-S1-Z	9P		Change	☐ Addition	$\dashv$
TITLE	TARALLO, SEBASTIAN	□ DETELC			İ		Change	L. AUUMUM	l
NAME	Atm		4. 2 N/						ļ
STREET ADDRESS			1	REET ADD	· 1				-
CITY-ST-ZIP	WINDSOR CT VP	DELETE		Y - S1 - Zi	iP		Change	Addition	+
TITLE	**	M DECEIE	5.1 Til				crange	L.J MOGREGII	
NAME	CORRAO, PETER A.		5.2 NA		NR. OC.				
STREET ADDRESS	WHILDOOD OT			5.3 STREET ADDRESS					ĺ
CITY-ST-ZIP	WINDSOR CT	Driete		Y-SI-ZI	IP .		Chance	Addition	4
TITLE	PCOO	☐ DELETE	6 1 TIT				Change	LA AUGITION	
NAME	MULLOY, GARY M.		6.2 NA						
STREET ADDRESS	28 CARY LANE		6.3 \$1	REET ADD	DRESS				1

STREET ADDRESS
BLOOMFIELD CT

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 67, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.