

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828622

1. Entity Name  
ADVO, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90060 003 \*\*\*150.00

0572638

Principal Place of Business Mailing Address  
ONE UNIVAC LANE  
ATTN: TAX DEPT  
WINDSOR CT 06095  
US  
ADVO INC  
ONE UNIVAC LANE  
WINDSOR CT 06095  
US

00049498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 06-0885252 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS |                    |                                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                    |                                                                              |
|----------------------------|--------------------|--------------------------------------------|-------------------------------------------------------|--------------------|------------------------------------------------------------------------------|
| TITLE                      | EVPC               | <input type="checkbox"/> Delete            | TITLE                                                 |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MCCOMBS, DON       |                                            | NAME                                                  |                    |                                                                              |
| STREET ADDRESS             | ONE UNIVAC LANE    |                                            | STREET ADDRESS                                        |                    |                                                                              |
| CITY-ST-ZIP                | WINDSOR CT         |                                            | CITY-ST-ZIP                                           |                    |                                                                              |
| TITLE                      | VP                 | <input type="checkbox"/> Delete            | TITLE                                                 |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ABRAHAM, JULIE     |                                            | NAME                                                  |                    |                                                                              |
| STREET ADDRESS             | ONE UNIVAC LANE    |                                            | STREET ADDRESS                                        |                    |                                                                              |
| CITY-ST-ZIP                | WINDSOR CT 06095   |                                            | CITY-ST-ZIP                                           |                    |                                                                              |
| TITLE                      | VS                 | <input type="checkbox"/> Delete            | TITLE                                                 |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | STIGLER, DAVID M.  |                                            | NAME                                                  |                    |                                                                              |
| STREET ADDRESS             | ONE UNIVAC LANE    |                                            | STREET ADDRESS                                        |                    |                                                                              |
| CITY-ST-ZIP                | WINDSOR CT         |                                            | CITY-ST-ZIP                                           |                    |                                                                              |
| TITLE                      | VT                 | <input checked="" type="checkbox"/> Delete | TITLE                                                 | VP+TREASURER       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | TARALLO, SEBASTIAN |                                            | NAME                                                  | CHRISTOPHER HUTTER |                                                                              |
| STREET ADDRESS             | ONE UNIVAC LANE    |                                            | STREET ADDRESS                                        | ONE UNIVAC LANE    |                                                                              |
| CITY-ST-ZIP                | WINDSOR CT         |                                            | CITY-ST-ZIP                                           | WINDSOR, CT 06095  |                                                                              |
| TITLE                      | PCEO               | <input type="checkbox"/> Delete            | TITLE                                                 |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MULLOY, GARY M.    |                                            | NAME                                                  |                    |                                                                              |
| STREET ADDRESS             | 28 CARY LANE       |                                            | STREET ADDRESS                                        |                    |                                                                              |
| CITY-ST-ZIP                | BLOOMFIELD CT      |                                            | CITY-ST-ZIP                                           |                    |                                                                              |
| TITLE                      |                    | <input type="checkbox"/> Delete            | TITLE                                                 |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                    |                                            | NAME                                                  |                    |                                                                              |
| STREET ADDRESS             |                    |                                            | STREET ADDRESS                                        |                    |                                                                              |
| CITY-ST-ZIP                |                    |                                            | CITY-ST-ZIP                                           |                    |                                                                              |

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David M. Stigler 4/23/01 (860) 285-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)