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May 14 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002670 (7)

1. Corporation Name

CURTIS CIRCULATION COMPANY

Principal Place of Business

**2500 MCCLELLAN AVENUE
PENNSAUKEN NJ 08109**

Mailing Address

**2500 MCCLELLAN AVENUE
PENNSAUKEN NJ 08109-4613**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

03/15/1996

4. FEI Number

22-2749087

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CASTARDI, ROBERT**
STREET ADDRESS **433 HACKENSACK AVENUE**
CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE **V** ☐ DELETE

NAME **STEINBERG, GERALD A**
STREET ADDRESS **2500 MCCLELLAN AVENUE**
CITY-ST-ZIP **PENNSAUKEN NJ 08109**

TITLE **SD** ☐ DELETE

NAME **HYLAND, JOHN**
STREET ADDRESS **599 LEXINGTON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **CD** ☐ DELETE

NAME **WALSH, JOSEPH**
STREET ADDRESS **433 HACKENSACK AVENUE**
CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE **D** ☐ DELETE

NAME **FILIPACCHI, DANIEL**
STREET ADDRESS **1833 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ DELETE

NAME **NACHURY, JEAN-LOUIS**
STREET ADDRESS **6 AVENUE PIERRE, 1 DE SERBIE**
CITY-ST-ZIP **PARIS, FRANCE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Castardi, Robert**
1.3 STREET ADDRESS **730 River Road**
1.4 CITY-ST-ZIP **New Milford, NJ 07646**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **CD** ☒ Change ☐ Addition

4.2 NAME **Walsh, Joseph**
4.3 STREET ADDRESS **730 River Road**
4.4 CITY-ST-ZIP **New Milford, NJ 07646**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerald A. Steinberg* 4/16/97

CR2E034 (9/96)