

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90274 043 \*\*\*150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.  
1201 Hays Street  
Suite 105  
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME Castardi, Robert  
STREET ADDRESS 730 River Road/New Milford, NJ 07646  
CITY-ST-ZIP

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 730 River Road  
CITY-ST-ZIP New Milford, NJ 07646

TITLE D ☐ DELETE  
NAME Filipacchi, Daniel  
STREET ADDRESS 1633 Broadway  
CITY-ST-ZIP New York, NY 10019

TITLE D ☐ DELETE  
NAME Nachury, Jean-Louis  
STREET ADDRESS 2, Rue Lord Byron  
CITY-ST-ZIP 75008 Paris, France

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Gerald A. Steinberg* Gerald A. Steinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(609) 910-2047

Daytime Phone #

CR2E034 (1/1/98)