

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002670

1. Entity Name

CURTIS CIRCULATION COMPANY

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90226 041 ***150.00

Principal Place of Business

Mailing Address

2500 MCCLELLAN AVENUE
PENNSAUKEN NJ 08109

2500 MCCLELLAN AVENUE
PENNSAUKEN NJ 08109-4613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2749087

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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 PD ☐ Delete
NAME CASTARDI, ROBERT
STREET ADDRESS 730 RIVER ROAD
CITY-ST-ZIP NEW MILFORD NJ 07646

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME STEINBERG, GERALD A
STREET ADDRESS 2500 MCCLELLAN AVENUE
CITY-ST-ZIP PENNSAUKEN NJ 08109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HYLAND, JOHN
STREET ADDRESS 599 LEXINGTON AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME WALSH, JOSEPH
STREET ADDRESS 730 RIVER ROAD
CITY-ST-ZIP NEW MILFORD NJ 07646

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FILIPACCHI, DANIEL
STREET ADDRESS 1633 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NACHURY, JEAN-LOUIS
STREET ADDRESS 2 RUE LORD BYRON
CITY-ST-ZIP PARIS FRANCE 75008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald A. Steinberg 4/24/00

Date

(856)910-2047

Daytime Phone #

CR2E034 (9/99)