

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000002670**

1. Entity Name

CURTIS CIRCULATION COMPANY

Principal Place of Business

**2500 MCCLELLAN AVENUE
PENNSAUKEN NJ 08109**

Mailing Address

**2500 MCCLELLAN AVENUE
PENNSAUKEN NJ 08109**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASTARDI, ROBERT 730 RIVER ROAD NEW MILFORD NJ 07646	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEINBERG, GERALD A 2500 MCCLELLAN AVENUE PENNSAUKEN NJ 08109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYLAND, JOHN 599 LEXINGTON AVENUE NEW YORK NY 10022	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALSH, JOSEPH 730 RIVER ROAD NEW MILFORD NJ 07646	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIPACCHI, DANIEL 1633 BROADWAY NEW YORK NY 10019	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NACHURY, JEAN-LOUIS 2 RUE LORD BYRON PARIS FRANCE 75008	☐ Delete

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

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:

Donald A. Steinberg, Executive Pres, Finance & Oper. **3/29/01** **(856) 910-2047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90011 009 ***150.00

108042

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)