## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 28, 2002 8:00 am Secretary of State F94000002670 DOCUMENT # 1. Entity Name 05-28-2002 91648 031 \*\*\*150 00 CURTIS CIRCULATION COMPANY Mailing Address Principal Place of Business 2500 MCCLELLAN AVENUE 2500 MCCLELLAN AVENUE PENNSAUKEN NJ 08109 PENNSAUKEN NJ 08109 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 22-2749087 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Zio Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 Zip Code City TALLAHASSEE FL 32301 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Addition** ☐ Change TITI F ☐ Delete TITLE DOMENICA. CROCETTI NAME CASTARDI, ROBERT NAME 7500 MECLELLAN AVENUE STREET ADDRESS 730 RIVER ROAD STREET ADDRESS PENNSAUKEN, NJ 08109 CITY-ST-ZIP **NEW MILFORD NJ 07646** CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME STEINBERG, GERALD A NAME STREET ADDRESS 2500 MCCLELLAN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENNSAUKEN NJ 08109 Change . ☐ Addition TITLE Detete TITLE SD NAME NAME HYLAND, JOHN STREET ADDRESS STREET ADDRESS 599 LEXINGTON AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CD NAME NAME Walsh, Joseph STREET ADDRESS STREET ADDRESS 730 RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP **NEW MILFORD NJ 07646** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FILIPACCHI, DANIEL STREET ADDRESS STREET ADDRESS 1633 BROADWAY CITY-ST-ZiP NEW YORK NY 10019 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NACHURY, JEAN-LOUIS NAME STREET ADDRESS 2 RUE LORD BYRON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARIS FRANCE 75008 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.

UIRED DOMENTE A CROCETTE

SERVICES

FILED