2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9400002670 1. Entity Name CURTIS CIRCULATION COMPANY



Principal Place of Business

2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 Mailing Address

2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 FILED
May 02, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

5. Certificate of Status Desired

22-2749087

Not Applicable
\$8.75 Additional

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FL 32301			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, In the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered	Agent signature	required when rainstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTARDI, ROBERT 730 RIVER ROAD NEW MILFORD, NJ 07646				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROCETTI, DOMENIC A 2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	-			U00000353964 05/03/05-80088-023 150.00
ITTLE Name Street address City+St-Zip	SD HYLAND, JOHN 599 LEXINGTON AVENUE NEW YORK, NY 10022			DO	NOT WRITE
ITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALSH, JOSEPH 730 RIVER ROAD NEW MILFORD, NJ 07646			IN 7	THIS SPACE
TITLE HAME STREET ADDRESS CITY - ST - ZIP	D NACHURY, JEAN-LOUIS 2 RUE LORD BYRON PARIS FRANCE, 75008				
TITLE					

12. I hereby certify that the information supplied with this filling 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other by personners.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPES OR DIRECTOR

(85)910-2047