2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F94000002670

1. Entity Name
CURTIS CIRCULATION COMPANY

Principal Place of Business	Mailing Address
2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109

04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/15/07-80067-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Domenic Crocetti VP, FINANCIAL SERVICES (856)910-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #