

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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**



04282008 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000939726
05/28/08-80031-027 150.00

10. OFFICERS AND DIRECTORS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYLAND, JOHN 599 LEXINGTON AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALSH, JOSEPH 730 RIVER ROAD NEW MILFORD, NJ 07646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NACHURY, JEAN-LOUIS 2 RUE LORD BYRON PARIS FRANCE, 75008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP FINANCIAL SERVICES

4/29/08

(850) 910-2047

DOMENIC A. CROCETTI