

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90131 045 \*\*\*150.00

**DOCUMENT # F97000002790**

1. Entity Name  
**CLIPPER MAGAZINE, INC.**

Principal Place of Business <b>1650 MANHEIM PIKE LANCASTER PA 17601</b>	Mailing Address <b>1650 MANHEIM PIKE LANCASTER PA 17601-3056</b>
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2. Principal Place of Business <b>3708 Hempland Road</b>	3. Mailing Address <b>3708 Hempland Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Mountville, PA</b>	City & State <b>Mountville, PA</b>
Zip <b>17554</b>	Country <b>USA</b>
Zip <b>17554</b>	Country <b>USA</b>

4. FEI Number <b>25-1779604</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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, 2000 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**

TITLE	<b>PCD</b>	<input type="checkbox"/> Delete
NAME	<b>ZUCKERMAN, STEVEN J</b>	
STREET ADDRESS	<b>821 TARPLEY DRIVE</b>	
CITY-ST-ZIP	<b>LANCASTER PA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RUZOW, IAN G</b>	
STREET ADDRESS	<b>3411 DAWN VIEW DRIVE</b>	
CITY-ST-ZIP	<b>LANCASTER PA</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>ZUCKERMAN, ROBERT A</b>	
STREET ADDRESS	<b>1230 BELL MEADE DRIVE</b>	
CITY-ST-ZIP	<b>LANCASTER PA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1041 Bluestone Drive</b>	
CITY-ST-ZIP	<b>Lititz, PA 17543</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ian Ruzow* **REQUIRED** Date: 4/26/00 Daytime Phone #: 717-569-5700

CR2E034 (9/99)