


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2006 JAN 17 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000559 1. Entity Name GRUNER + JAHR USA GROUP, INC.			
Principal Place of Business 375 LEXINGTON AVE. NEW YORK, NY 10017		Mailing Address 375 LEXINGTON AVE. NEW YORK, NY 10017	
2. Principal Place of Business <i>1500 Broadway,</i> Suite, Apt. #, etc. <i>Suite 505</i> City & State <i>New York, NY</i> Zip <i>10036</i>		3. Mailing Address <i>1500 Broadway</i> Suite, Apt. #, etc. <i>Suite 505</i> City & State <i>New York, NY</i> Zip <i>10036</i>	
4. FEI Number 13-3230277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD SCHUSTER, MARTIN DR. 375 LEXINGTON AVE. NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GANZ, AXEL 375 LEXINGTON AVE. NEW YORK, NY 10017	<input type="checkbox"/> Delete	Director & Executive VP Achim Twardy Baumwall 11 Hamburg, Germany
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUNDRUN, BERND AM BAUMWELL HAMBURG, GERMANY,	<input type="checkbox"/> Delete	Druck- und Verlagshaus 6 Rue Daru F75008, Paris, France
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULE, PAT 375 LEXINGTON AVE. NEW YORK, NY 10017	<input type="checkbox"/> Delete	100065080211 02/02/06--01023--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULE, PAT 375 LEXINGTON AVE NEW YORK, NY 100175514	<input checked="" type="checkbox"/> Delete	1500 Broadway, Suite 505 New York, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Pat Mule</i>		Pat Mule VP	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-9-06 Daytime Phone # 212 787 7870	