

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16671 (0)**

1. Corporation Name
QUALITY GREETING CARD DISTRIBUTING COMPANY, INC.

Principal Place of Business Mailing Address
**ONE AMERICAN ROAD ONE AMERICAN RD
CLEVELAND OH 44144 CLEVELAND OH 44144
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/03/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **34-1535967** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME LIPPE, GARY
STREET ADDRESS 10500 AMERICAN ROAD
CITY-ST-ZIP CLEVELAND OH
TITLE V
NAME JOHNSON, RICHARD
STREET ADDRESS 10500 AMERICAN ROAD
CITY-ST-ZIP CLEVELAND OH
TITLE T
NAME CABLE, DALE A.
STREET ADDRESS SPRUCE BROOK PARK
CITY-ST-ZIP CLEVELAND OH
TITLE S
NAME GROETZINGER, JON
STREET ADDRESS 10500 AMERICAN ROAD
CITY-ST-ZIP CLEVELAND OH
TITLE D
NAME WEISS, MORRY
STREET ADDRESS 10500 AMERICAN ROAD
CITY-ST-ZIP CLEVELAND OH
TITLE C
NAME MEYER, WILLIAM S.
STREET ADDRESS 10500 AMERICAN RD
CITY-ST-ZIP CLEVELAND OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *DALE A. CABLE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE A. CABLE

4-24-95 **<2107252-7300**