

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P16671 (0)

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

300001831503
-05/21/96--01037-024
\$200.00



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

3. Date Incorporated or Qualified: 11/03/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 34-1535967
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301
10. Name and Address of New Registered Agent: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: PD NAME: LIPPE, GARY STREET ADDRESS: 10500 AMERICAN ROAD CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	1. TITLE: PD 2. NAME: Lippe, Gary 3. STREET ADDRESS: ONE AMERICAN ROAD 4. CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: JOHNSON, RICHARD STREET ADDRESS: 10500 AMERICAN ROAD CITY-ST-ZIP: CLEVELAND OH	<input checked="" type="checkbox"/> DELETE	2. TITLE: V 3. NAME: Jeff Litvak 4. STREET ADDRESS: ONE AMERICAN ROAD 5. CITY-ST-ZIP: CLEVELAND, OH 44144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: CABLE, DALE A. STREET ADDRESS: SPRUCE BROOK PARK CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	3. TITLE: T 4. NAME: Cable, Dales A. 5. STREET ADDRESS: One American Road 6. CITY-ST-ZIP: Cleveland, OH 44144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: GROETZINGER, JON STREET ADDRESS: 10500 AMERICAN ROAD CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	4. TITLE: S 5. NAME: Groetziner, Jon Jr. 6. STREET ADDRESS: ONE AMERICAN ROAD 7. CITY-ST-ZIP: CLEVELAND, OH 44144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: WEISS, MORRY STREET ADDRESS: 10500 AMERICAN ROAD CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	5. TITLE: D 6. NAME: Weiss, Morry 7. STREET ADDRESS: ONE AMERICAN ROAD 8. CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: MEYER, WILLIAM S. STREET ADDRESS: 10500 AMERICAN RD CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	6. TITLE: C 7. NAME: Meyer, William S. 8. STREET ADDRESS: ONE AMERICAN ROAD 9. CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William S. Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: William S. Meyer, Controller
4/24/96 (216) 252-7300

CR2E034 (12/95)

8/5/11/96