

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16671 (0)
1. Corporation Name
QUALITY GREETING CARD DISTRIBUTING COMPANY, INC.



Principal Place of Business ONE AMERICAN ROAD CLEVELAND OH 44144 US	Mailing Address ONE AMERICAN RD CLEVELAND OH 44144-2301 US
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3. Date Incorporated or Qualified 11/03/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 34-1535967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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	<input type="checkbox"/> DELETE
NAME	LIPPE, GARY	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY - ST - ZIP	CLEVELAND OH 44144	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LITVAK, JEFF	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY - ST - ZIP	CLEVELAND OH 44144	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CABLE, DALE A.	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY - ST - ZIP	CLEVELAND OH 44144	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GROETZINGER, JON	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY - ST - ZIP	CLEVELAND OH 44144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, MORRY	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY - ST - ZIP	CLEVELAND OH 44144	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, WILLIAM S.	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY - ST - ZIP	CLEVELAND OH 44144	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	C Patricia L Ripple
6.3 STREET ADDRESS	One American Road
6.4 CITY - ST - ZIP	Cleveland OH 44144

14. I do 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 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: *Patricia L Ripple* DATE: **4-24-97** DAYTIME PHONE #: **(216) 252-7300**

CR2E034 (9/96)