

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90117 020 ***150.00

DOCUMENT # P16671

1. Entity Name
 QUALITY GREETING CARD DISTRIBUTING CO., INC.
 Principal Place of Business: ONE AMERICAN ROAD, CLEVELAND, OH 44144
 Mailing Address: ONE AMERICAN ROAD, CLEVELAND, OH 44144

A0063432

2. Principal Place of Business
 SAME AS ABOVE

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 City & State

Zip **Country** **Zip** **Country**
 USA

4. FEI Number
 34-1535967

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION INFORMATION SERVICES, INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 reinstalling) 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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT GARY LIPPE ONE AMERICAN ROAD CLEVELAND, OH 44144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT JEFF LITVAK ONE AMERICAN ROAD CLEVELAND, OH 44144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER DALE A. CABLE ONE AMERICAN ROAD CLEVELAND, OH 44144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JON GROETZINGER, JR ONE AMERICAN ROAD CLEVELAND <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CONTROLLER JOSEPH CIPOLLONE ONE AMERICAN ROAD CLEVELAND, OH 44144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR MORRY WEISS ONE AMERICAN ROAD CLEVELAND, OH 44114 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ERWIN WEISS ONE AMERICAN ROAD CLEVELAND, OH 44144 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GARY LIPPE ONE AMERICAN ROAD CLEVELAND, OH 44144 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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: Joseph B. Cipollone **JOSEPH B. CIPOLLONE** 4/24/01 216-252-7300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/100)