

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90270 007 ***150.00

DOCUMENT # F00000004171

1. Entity Name
THE COMMUNITY PHONE BOOK, INC.



Principal Place of Business
**C/O VOLT INFORMATION SCIENCES, INC.
560 LEXINGTON AVE.
NEW YORK, NY 10022**

Mailing Address
**C/O VOLT INFORMATION SCIENCES, INC.
560 LEXINGTON AVE.
NEW YORK, NY 10022**



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4130424

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DIPIPO, GERARD L
STREET ADDRESS 560 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

TITLE V
NAME GROBERG, JAMES J
STREET ADDRESS 560 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

TITLE VAT
NAME EAGAN, JACK
STREET ADDRESS 560 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

TITLE VSD
NAME WEINREICH, HOWARD B
STREET ADDRESS 560 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

TITLE T
NAME GUARINO, LUDWIG M
STREET ADDRESS 560 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

TITLE VAT
NAME FISCHBERG, DANIEL
STREET ADDRESS 560 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JACK EAGAN
VICE PRESIDENT**

Date

4-22-04 212-704-2400

Daytime Phone #