FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jun 20, 2001 8:00 am DOCUMENT # F0100000007 **Secretary of State** 06-20-2001 90007 040 ***550.00 PICTORIAL INC. Principal Place of Business Mailing Address 8081 ZIONSVILLE ROAD 8081 ZIONSVILLE ROAD INDIANAPOLIS IN 46268 INDIANAPOLIS IN 46268 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 35-1616640 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition CR2E034 (10/00 CD ☐ Delete TITLE NAME MANGUM, LYNN J NAME STREET ADDRESS STREET ADDRESS 150 CLOVE RD. CITY-ST-ZIP CITY-ST-ZIP LITTLE FALLS NJ TITLE ☐ Delete TITLE Change Addition NAME NAME SHEEHAN, DENNIS STREET ADDRESS STREET ADDRESS 150 CLOVE RD. CITY-ST-ZIP CITY-ST-ZIP LITTLE FALLS NJ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME DELL. KEVIN J STREET ADDRESS STREET ADDRESS 150 CLOVE RD. CITY-ST-ZIP CITY-ST-ZIP LITTLE FALLS NJ. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RYBARCZYK, MARK NAME STREET ADORESS STREET ADDRESS 11 GREENWAY PLAZA CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME GILLIAM, JOHN P STREET ADDRESS STREET ADDRESS 3434 STELZER RD, STE 1000 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if