## FOR PROFIT CORPORATION

## **FILED** May 22, 2002 8:00 am Secretary of State

CIVIFORINI BUSIN	ESS REPURI (	UDK	Secreta	i y or state
DOCUMENT # FO/000	00007 .		05-22-2002 90	0240 030 ***150.00
Pictorial INC.				
TOMARC INC.				
DO NOT WRITE	E IN THIS SPA	ACE		
2. Principal Place of Business	3. Mailing Address		_	
8081 ZIONSVILLE ROAS		RRO		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TH	HIS SPACE
City & State  INCLIANTAPOLIS	Columbus,	04,0	4. FEI Number 35-1614640	Applied For Not Applicable
Zip Country 462 48	Zip 43219	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	garanta ngapagan sa a sa maran la maran sa mara Maran sa maran sa ma	Name A	7. Name and Address of Current Registe	ered Agent
DO NOT W IN THIS SI		COR	OoRAFIUN SERVICE COM 5 (P.O. Box Number is Not Acceptable) (	pary
	*	City TAILA	HASSEE !	FL Zip Code (
8. The above named entity submits this statement	for the purpose of changing its reg	istered office or regis	ered agent, or both, in the State of Florida.	
SIGNATURE Signature, typerfor prised name of registered ager	t and the if applicable (NOTE: Re	gistaren Agent signature reciti	et when reinstaing) DA	JE J
This corporation is eligible to satisfy its Intangib     Tax filing requirement and elects to do so.     (See criteria on back)	January 1 - May After May 1,	1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25 to Department of Si	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AN	<u>1 · · · · · · · · · · · · · · · · · · </u>			
TITLE		TITLE		2/01
NAME STIMET AUDRESS	$\frown$	NAME STREET ADDRESS		B (1
CITY-ST-ZIP SEE AHACHEC		CITY - ST - ZIP		CR2E034B (12/01)
TITLE		TITLE RAME .		2R2
NAME STREET ADDRESS		STREET ADDRESS		ľ
CHY-S1-2IP		CITY-ST-ZIP		
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STRECT ADDRESS		STREET ADDRESS	DO NOT WE	DITE
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TITLE NAME		TITLE	IN THIS SPA	ACE
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CITY-ST-ZP		CITY- ST-ZIP		***************************************
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NAME STREET ADDRESS	g m v en e	NAME		7.10
CITY-ST-ZIP		CITY-ST-ZIP		
13. Thereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee enattachment with an address, with all other like to the corporation.	is true and accurate and that my s apowered to execute this report a	signature shall have th s required by Chapter	e same legal effect as it made under oatil; the 607, Florida Statutes; and that my name app	at ram an officer of director bears in Block 11 or on an
SIGNATURE: SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	. Gilliam Sliloz (	614) 428 - 8306 Expline Plione 1

Corporate Officers & Directors	ors	
Position	Name	Business Address
Chairman/Director/CEO	Lynn J. Mangum	90 Park Avenue 10th FL, New York, NY 10016
SVP/CFO/Teasurer	Andrew C. Corbin	90 Park Avenue 10th FL, New York, NY 10016
EVP/COO/Director	Dennis Sheehan	90 Park Avenue 10th FL, New York, NY 10016
EVP/Secretary	Kevin J. Dell	90 Park Avenue 10th FL, New York, NY 10016
<b>Executive Vice President</b>	Mark J. Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Senior Vice President	John P. Gilliam	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219
President	Theodore N, Kaplan 20 Waterside Dri	20 Waterside Drive, Farmington, CT 06034-4059