2006 FOR PROFIT CORPORATION

Apr 17, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F04000001721** 04-17-2006 90382 047 ***150.00 YELLOW BOOK SALES AND DISTRIBUTION COMPANY, INC. Mailing Address Principal Place of Business 398 EAB-PLAZA. 398 EAB PLAZA UNIONDALE, NY 11556 UNIONDALE, NY 11556 2. Principal Place of Business 398 Reckson Plaza 398 Reckson Plaza Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Uniondale NЧ Uniondale 20-0829862 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Change Addition WALSH, JOSEPH NAME NAME 398 Reckson Plaza 398 EAB PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UNIONDALE, NY 11556 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME DAVIS, JOHN NAME 398 Reckson Plaza STREET ADDRESS 398 EAB PLAZA STREET ADDRESS UNIONDALE, NY 11556 CITY-ST-ZIP CITY-ST-ZIP Secretary John Butler Delete TITLE TITLE Addition KRACKLAUER, WILLIAM NAME NAME 396 Reckson Plaza STREET ADDRESS STREET ADDRESS 398 EAB PLAZA CITY-ST-ZIP UNIONDALE, NY 11556 CITY-ST-ZIP ☐ Delete TITLE □ Addition NAME CONDRON, JOHN NAME 398 Reckson Plaza STREET ADDRESS 398 EAB PLAZA STREET ADDRESS CITY-ST-ZIP UNIONDALE, NY 11556 CITY-ST-ZIP Union dale, NY 11556 T1TLE ☐ Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

Paul Rouse Streasurer) 3/29/06 516-730-1900 SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR