2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001721

Entity Name: YELLOW BOOK SALES AND DISTRIBUTION COMPANY, INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: 398 REXCORP PLAZA UNIONDALE, NY 11556 Current Mailing Address:			New Prince	New Principal Place of Business: 398 RXR PLAZA UNIONDALE, NY 11556 New Mailing Address:		
			New Maili			
398 REXCORP PLAZA UNIONDALE, NY 11556			398 RXR PLAZA UNIONDALE, NY 11556			
FEI Number: 20-0829862 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Address of New	Registered Agent:	
1200 SOU PLANTATI The above	PORATION SYS TH PINE ISLAN ION, FL 33324 Inamed entity see of Florida.		ourpose of changing	ts registered office	or registered agent, or both	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	PD () WALSH, JOSEP 398 REXCORP I UNIONDALE, NY	PLAZA	Title: Name: Address: City-St-Zip:	PD (X) Cha WALSH, JOSEPH 398 RXR PLAZA UNIONDALE, NY 11	inge () Addition	
Fitle: Name: Address: Dity-St-Zip:	V () DAVIS, JOHN 398 REXCORP I UNIONDALE, NY		Title: Name: Address: City-St-Zip:	V (X) Cha DAVIS, JOHN 398 RXR PLAZA UNIONDALE, NY 11	inge () Addition	
Title: Name: Address: Dity-St-Zip:	S () BUTLER, JOHN 398 REXCORP I UNIONDALE, NY		Title: Name: Address: City-St-Zip:	S (X) Cha BUTLER, JOHN 398 RXR PLAZA UNIONDALE, NY 11	inge () Addition	
Fitle: Name: Address: Dity-St-Zip:	CD () CONDRON, JOH 398 REXCORP I UNIONDALE, NY	PLAZA	Title: Name: Address: City-St-Zip:	CD (X) Cha CONDRON, JOHN 398 RXR PLAZA UNIONDALE, NY 11	inge () Addition	
Fitle: Name: Nddress:	()	Delete	Title: Name: Address:	VP () Cha ROUSE, PAUL 398 RXR PLAZA	nge (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: UNIONDALE, NY 11556

SIGNATURE: PAUL ROUSE VP 03/26/2009

City-St-Zip: