

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90016 044 ***150.00

DOCUMENT # F04000002056

1. Entity Name
MAILCOUPS, INC.



Principal Place of Business
350 REVOLUTIONARY DRIVE
EAST TAUNTON, MA 02718

Mailing Address
C/O ADVO-INC. Valassis Direct
ONE TARGETING CENTRE Mail, Inc.
WINDSOR, CT 06095



DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3407977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MASON, ROB
STREET ADDRESS ONE TARGETING CENTRE
CITY-ST-ZIP WINDSOR, CT 06095

TITLE V
NAME WISLEY, TODD
STREET ADDRESS 1 TARGET CENTRE
CITY-ST-ZIP WINDSOR, CT 06095

TITLE S
NAME GROE, LORNE
STREET ADDRESS ONE TARGETING CENTRE
CITY-ST-ZIP WINDSOR, CT 06095

TITLE TD
NAME MITZEL, STEVE
STREET ADDRESS ONE TARGETING CENTRE
CITY-ST-ZIP WINDSOR, CT 06095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/08 860-285-6100