

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 013 ***150.00

DOCUMENT # F04000006888

1. Entity Name

HARTE-HANKS SHOPPERS, INC.



Principal Place of Business

200 CONCORDE PLAZA DRIVE, SUITE 800
SAN ANTONIO TX 78216

Mailing Address

200 CONCORDE PLAZA DRIVE, SUITE 800
SAN ANTONIO TX 78216



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

95-2269791

Applied For

Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GORMAN, PETER E	
STREET ADDRESS	2830 ORBITER STREET	
CITY-ST-ZIP	BREA CA 92622	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARTE, HOUSTON H	
STREET ADDRESS	200 CONCORDE PLAZA DRIVE, SUITE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANKLIN, LARRY	
STREET ADDRESS	200 CONCORDE PLAZA DRIVE, SUITE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HACKER, PAUL S	
STREET ADDRESS	200 CONCORDE PLAZA DRIVE, SUITE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOCHHAUSER, RICHARD M	
STREET ADDRESS	55 FIFTH AVENUE, 14TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARMAN, WILLIAM	
STREET ADDRESS	2830 ORBITER STREET	
CITY-ST-ZIP	BREA CA 92622	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Federico Ortiz
STREET ADDRESS	TREASURER
CITY-ST-ZIP	200 CONCORD PLAZA DR. #800 SAN ANTONIO TX 78216

12. 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 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 #

3/10/05

211.829.9358