2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

Percent Place of Business 19975 VICTOR PARKINAY LIVORIA, MI 49152-7001	DOCUMENT # F0600001210 1. Entity Name VALASSIS DATA MANAGEMENT, INC.						04-14-2008 90031 036 ***150.00				
Suite, Apt. #, etc. Suite, Apt. #, etc. 0.362008 ChgP CR2E394 (12/06)	19975 VICTOR PARKWAY		19975 VICTOR PARKWAY				4(0067139		
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Zip Country Zip Country Size Co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03262008	Chg-P	CR2E034 (12/06	i)	
Country Country Country Country Country S. Certificate of Status Desired S. S. Additional Free Required S. Certificate of Status Desired S. Name and Address of New Registered Agent	City & State	9	City & State								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 8. The above named entity submits this statement for the purpose of changing 4s registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS III. MAKE SIREL NOWIS. SIREL NOWIS. SIREL NOWIS. SIREL NOWIS. MIZEL, STEVE SIREL NOWIS. SIREL NOWIS. SIREL NOWIS. SIREL NOWIS. MAKE SIREL NOWIS.	Zip	Country Zip		Country					□ \$8.75 A	dditional	
Name Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not		6. Name and Address of Current	Registered Agent	<u> </u>	Ι		7. Name and	Address of New Ro	<u> </u>	160	
SCHATURE City FL Zip Code	or trains and readings of outland regions a agent										
B. 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 Sprause, head or preserved agent and see of supplicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREE ADDRESS CITY-ST-2P TITLE VS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MITZELL. STEVE SIREE ADDRESS CITY-ST-2P TITLE VSS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MIXED CARREST ADDRESS CITY-ST-2P TITLE MAKE SIREE ADDRESS CITY-	1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature Signa					City	FL Zip Code					
### Change of primode-name of negociated agent and start in applicable. (NOTE: Repaired Agent signature required arean mentatory) DATE ### Control Comprision Financing Trust Fund Contribution \$55.00 May Be Added to Fees											
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12. Thereby certify that the information supplied with this filling 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

4/2/08

<u>(134)591-3000</u>