

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F59090** (3)  
1. Corporation Name  
**HALSEY PUBLISHING CO.**



Principal Place of Business: **438 MAIN ST BUFFALO NY 14202**  
Mailing Address: **438 MAIN ST BUFFALO NY 14202**

3. Date Incorporated or Qualified: **12/21/1981**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **16-1192157**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GERBER, SEYMOUR	
STREET ADDRESS	600 CORPORATE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TRYBUS, JANICE R.	
STREET ADDRESS	438 MAIN ST	
CITY-ST-ZIP	BUFFALO NY	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	MOULTER, LAWRENCE	
STREET ADDRESS	150 CAUSEWAY ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, JEFFREY	
STREET ADDRESS	600 CORPORATE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	RAHUBA, JESSICA	
STREET ADDRESS	438 MAIN ST.	
CITY-ST-ZIP	BUFFALO NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, RICHARD	
STREET ADDRESS	438 MAIN ST.	
CITY-ST-ZIP	BUFFALO NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JENNINGS-GALLA, MARLENE	
1.3 STREET ADDRESS	438 MAIN STREET	
1.4 CITY-ST-ZIP	BUFFALO NY 14202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOULTER, LAWRENCE	
3.3 STREET ADDRESS	1 CAUSEWAY	
3.4 CITY-ST-ZIP	BOSTON, MA 02114	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janice R. Trybus* JANICE R. TRYBUS, AS 4/11/96 (716) 858-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Phone #

CR2E034 (12/95)