

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005778 (4)**

1. Corporation Name

CATALINK DIRECT, INC.



Principal Place of Business

10 OCEANA WAY
NORWOOD MA 02062

Mailing Address

10 OCEANA WAY
NORWOOD MA 02062

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

4. FEI Number

04-3292174

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Corporation Officer or Director (Print Name) _____ Date Registered Agent (Print Name) _____ Date _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MULHERN, LAURENCE F | |
| STREET ADDRESS | 10 OCEANA WAY | |
| CITY-ST-ZIP | NORWOOD MA 02062 | |
| TITLE | CCEO | <input type="checkbox"/> DELETE |
| NAME | CROWELL, ROBERT J | |
| STREET ADDRESS | 10 OCEANA WAY | |
| CITY-ST-ZIP | NORWOOD MA 02062 | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | KOVALCIK, JOHN JR. | |
| STREET ADDRESS | 10 OCEANA WAY | |
| CITY-ST-ZIP | NORWOOD MA 02062 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | WOLF, DAVID | |
| STREET ADDRESS | 10 OCEANA WAY | |
| CITY-ST-ZIP | NORWOOD MA 02062 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HALNEN, JOHN E JR. | |
| STREET ADDRESS | 10 OCEANA WAY | |
| CITY-ST-ZIP | NORWOOD MA 02062 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MAGIONCALDA, ANDREW A | |
| STREET ADDRESS | 10 OCEANA WAY | |
| CITY-ST-ZIP | NORWOOD MA 02062 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|------------------|--|
| 11 TITLE | V/T/S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | James Rousou | |
| 33 STREET ADDRESS | 10 Oceana way | |
| 34 CITY-ST-ZIP | Norwood MA 02062 | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | V Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is true and correctly 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 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, and that I am a duly licensed or trustee-engineered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or registered agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(617) 762-0202

CR2E034 (12/95)