

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 16 1997 8:00am
Secretary of State

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 02062-2671**

3. Date Incorporated or Qualified: **11/28/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	04-3292174	Not Applicable
Suite Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New 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

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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTSD	1.1 TITLE	CFO, Treasurer, Secretary
NAME	MULHERN, LAURENCE F	1.2 NAME	
STREET ADDRESS	10 OCEANA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	Chairman, Director (Sole)
NAME	CROWELL, ROBERT J	2.2 NAME	
STREET ADDRESS	10 OCEANA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	2.4 CITY-ST-ZIP	
TITLE	CEO	3.1 TITLE	
NAME	JAMES ROUSOU	3.2 NAME	
STREET ADDRESS	10 OCEANA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	WOLF, DAVID	4.2 NAME	
STREET ADDRESS	10 OCEANA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA 02062	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	HALNEN, JOHN E JR.	5.2 NAME	
STREET ADDRESS	10 OCEANA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	MAGIONCALDA, ANDREW A	6.2 NAME	
STREET ADDRESS	10 OCEANA WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA 02062	6.4 CITY-ST-ZIP	

14. I do 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 annual 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 registered agent or authorized agent to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment thereto.

SIGNATURE: *[Signature]* **Laurence F. Mulhern** 4/29/97 762-0202
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)