2000 UNIFORM BUSINESS REPORT (UBR)

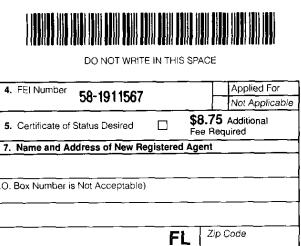
DOCUMENT # F98000002418

1. Entity Name

ADVO CORPORATION OF GEOF	RGIA				
Principal Place of Business	Mailing Address				
HOLCOMB BRIDGE RD., STE. 800	3867 HOLCOMB BRIDGE RD., STE, 800 NORCROSS GA 30092-2210				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90100 006 ***150.00



				}	20,191,1904		No	t Applicable	
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired		8.75 Add ee Require		
	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Re	gistered A	gent		
			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
PLAN	ITATION FL 33324		City	-		FL	Zip Cod	e	
. The above	named entity submits this statement for	he purpose of changing It	s registered office or reg	istered ag	ent, or both, in the State of Flori		<u> </u>		
SIGNATURE						DATÉ			
	Signature, typed or printed name of registered agent and	d title if applicable (NO	TE: Registered Agent signature re	quired when re	instating)				
C. The competation to displace to carried the management			VIII FEE IS \$150,00 000 Fee will be \$550. ble to Department of		10. Election Campaign Fina Trust Fund Contribution.			May Be I to Fees	
1.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	CP KRAXBERGER, DAVID M 3867 HOLCOMB BRIDGE RD., STE	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP	NORCROSS GA 30092	000	CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VST KRAXBERGER, LINDA 3867 HOLCOMB BRIDGE RD., STE NORCROSS GA 30092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONCHOSS GA 30092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 2 min 1 m	☐ Delete	TYTLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change	☐ Addition	
TITLE	ime granjager in i		NAME				☐ Change	☐ Addition	
STREET ADDRESS		$T_2 = \sqrt{2} h^{2/3}$	STREET ADDRESS						

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: