

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 25 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F98000005214

1. Corporation Name

OFFSET PAPERBACK MFRS., INC.

Principal Place of Business

ROUTE 309, DALLAS MEMORIAL HIGHWAY
DALLAS PA 18612

Mailing Address

ROUTE 309, DALLAS MEMORIAL HIGHWAY
DALLAS PA 18612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

23-1873471

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 owes the current year
Intangible Personal Property

☒

Yes

☐

No

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	GALLAGHER, MICHAEL J	
STREET ADDRESS	ROUTE 309, DALLAS MEMORIAL HIGHWAY	
CITY-ST-ZIP	DALLAS PA 18612	
TITLE	EVS	<input type="checkbox"/> DELETE
NAME	MAKAREWICZ, JOSEPH	
STREET ADDRESS	ROUTE 309, DALLAS MEMORIAL HIGHWAY	
CITY-ST-ZIP	DALLAS PA 18612	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MICKELSEN, WILHELM	
STREET ADDRESS	ROUTE 309, DALLAS MEMORIAL HIGHWAY	
CITY-ST-ZIP	DALLAS PA 18612	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PINCOFSKI, RICHARD R	
STREET ADDRESS	ROUTE 309, DALLAS MEMORIAL HIGHWAY	
CITY-ST-ZIP	DALLAS PA 18612	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROGERS, WILLIAM L	
STREET ADDRESS	ROUTE 309, DALLAS MEMORIAL HIGHWAY	
CITY-ST-ZIP	DALLAS PA 18612	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100003242801
2.3 STREET ADDRESS	-05/08/00-01107-008
2.4 CITY-ST-ZIP	***150.00 ***150.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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:

Richard R. Pincofski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.F.O.
RICHARD PINCOFSKI

4/24/00

Date

(570) 675-5261

Daytime Phone #

KE