2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085936

Current Principal Place of Business:

Entity Name: DTS DIRECT MAIL AND FULFILLMENT SERVICES, INC.

FILED Apr 27, 2009 Secretary of State

5800 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014			
Current Mailing Address:	:	New Mailing Address:	
200 CIRCLE DR NORTH PISCATAWAY, NJ 08854		PO BOX 10300 NEW BRUNSWICK, NJ	08906
FEI Number: 22-3754570	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	

New Principal Place of Business:

MURPHY, DERMOT SR
5800 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

MURPHY, DERMOT CEO
5800 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DERMOT MURPHY 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

2433 5TH STREET

EAST MEADOW, NY

Address:

Address:

City-St-Zip:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title: STONACK, TERRIE CERESA, DONNA Name: Name: 86-53 VIA REALE #3 200 CIRCLE DRIVE NORTH Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: PISCATAWAY, NJ 08854 Title: Title: (X) Change () Addition () Delete DEOCHAN, SHIRLEY Name: Name: MURPHY, DERMOT F 2135 NORMAND DR Address: 200 CIRCLE DRIVE NORTH Address: MIAMI BEACH, FL PISCATAWAY, NJ 08854 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition SD Name:

ZAMMIT, CHARLES
7 DRUMMOND WAY
Address: 200 CIRCLE DRIVE NORTH
MONROE, NJ 08831
City-St-Zip: PISCATAWAY, NJ 08854

Title: S (X) Delete Title: () Change () Addition Name: CERESA, DONNA Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAWANA BLACKMON MGR 04/27/2009