

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085936

FILED  
May 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

5800 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10300  
NEW BRUNSWICK, NJ 08906

**New Mailing Address:**

**FEI Number:** 22-3754570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CERESA, DONNA  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

Title: CEO  
Name: MURPHY, DERMOT F  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

Title: D  
Name: ZAMMIT, CHARLES  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

Title: CFOD  
Name: TRAINOR, CHRISTOPHER  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER TRAINOR

CFO

05/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date