

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90117 005 \*\*\*150.00

<b>DOCUMENT #</b> P07562			
<b>1. Entity Name</b>			
GIBSON GREETINGS, INC.			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
ONE AMERICAN ROAD CLEVELAND, OH 44144		ONE AMERICAN ROAD CLEVELAND, OH 44144	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
SAME AS ABOVE			
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301		<b>Name</b>	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
		<b>City</b>	<b>FL</b>
<b>8. 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.</b>			
<b>SIGNATURE</b> _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) ..... <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>PRESIDENT</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MORRY WEISS	<b>NAME</b>	MORRY WEISS
<b>STREET ADDRESS</b>	ONE AMERICAN ROAD	<b>STREET ADDRESS</b>	ONE AMERICAN ROAD
<b>CITY - ST - ZIP</b>	CLEVELAND, OH 44144	<b>CITY - ST - ZIP</b>	CLEVELAND, OH 44114
<b>TITLE</b>	<b>VICE PRESIDENT</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	JOSEPH CIPOLLONE	<b>NAME</b>	ERWIN WEISS
<b>STREET ADDRESS</b>	ONE AMERICAN ROAD	<b>STREET ADDRESS</b>	ONE AMERICAN ROAD
<b>CITY - ST - ZIP</b>	CLEVELAND, OH 44144	<b>CITY - ST - ZIP</b>	CLEVELAND, OH 44144
<b>TITLE</b>	<b>TREASURER</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DALE A. CABLE	<b>NAME</b>	
<b>STREET ADDRESS</b>	ONE AMERICAN ROAD	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	CLEVELAND, OH 44144	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>SECRETARY</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	JON GROETZINGER, JR	<b>NAME</b>	
<b>STREET ADDRESS</b>	ONE AMERICAN ROAD	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	CLEVELAND	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>13. 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 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.</b>			
<b>SIGNATURE:</b> <i>Joseph B. Cipollone</i>		<b>JOSEPH B. CIPOLLONE</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/24/01</b>	<b>216-252-7300</b>
		Date	Daytime Phone #

A0063447

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)