


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 025 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # P11532 1. Entity Name R.H. DONNELLEY PUBLISHING & ADVERTISING, INC. | | | |  | |
| Principal Place of Business 1001 WINSTEAD DR. CARY, NC 27513 US | | | Mailing Address 1001 WINSTEAD DR. CARY, NC 27513 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 48-1018228 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP MCDONALD, PETER J 1001 WINSTEAD DR. CARY, NC 27513 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV JOHN L. MIESKE 1001 WINSTEAD DR CARY, NC 27513 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GROSS, ROBERT 1001 WINSTERD DRIVE CARY, NC 27513 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TERRY L. HUREY 1001 WINSTEAD DR CARY, NC 27513 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BUSH, ROBERT J 1001 WINSTEAD DR. CARY, NC 27513 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JEFF SMITH 1001 WINSTEAD DR CARY, NC 27513 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT APKER, JENNY 1001 WINSTEAD DRIVE CARY, NC 27513 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASSISTANT S SANDRA G. POYLOCK 1001 WINSTEAD DR CARY, NC 27513 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOYCE, MICHAEL R. 1001 WINSTEAD DRIVE CARY, NC 27513 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 5-1-06 Date | | |
| 919-297-1600 Daytime Phone # | | | | | |