

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

05-11-2001 90117 020 \*\*\*150.00

**DOCUMENT #** P16671

**1. Entity Name**  
 QUALITY GREETING CARD DISTRIBUTING CO., INC.  
 Principal Place of Business: ONE AMERICAN ROAD, CLEVELAND, OH 44144  
 Mailing Address: ONE AMERICAN ROAD, CLEVELAND, OH 44144

A0063432

**2. Principal Place of Business**  
 SAME AS ABOVE

**3. Mailing Address**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 City & State

**Zip**      **Country**  
 Zip      Country  
 USA

**4. FEI Number**  
 34-1535967

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CORPORATION INFORMATION SERVICES, INC.  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**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.**

**SIGNATURE**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)      DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|   |   |  |
|---|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PRESIDENT</b><br>GARY LIPPE<br>ONE AMERICAN ROAD<br>CLEVELAND, OH 44144        | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VICE PRESIDENT</b><br>JEFF LITVAK<br>ONE AMERICAN ROAD<br>CLEVELAND, OH 44144  | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TREASURER</b><br>DALE A. CABLE<br>ONE AMERICAN ROAD<br>CLEVELAND, OH 44144     | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SECRETARY</b><br>JON GROETZINGER, JR<br>ONE AMERICAN ROAD<br>CLEVELAND         | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>CONTROLLER</b><br>JOSEPH CIPOLLONE<br>ONE AMERICAN ROAD<br>CLEVELAND, OH 44144 | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input checked="" type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |  |   |
|---|--|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DIRECTOR</b><br>MORRY WEISS<br>ONE AMERICAN ROAD<br>CLEVELAND, OH 44114 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DIRECTOR</b><br>ERWIN WEISS<br>ONE AMERICAN ROAD<br>CLEVELAND, OH 44144 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DIRECTOR</b><br>GARY LIPPE<br>ONE AMERICAN ROAD<br>CLEVELAND, OH 44144  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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.**

**SIGNATURE:** Joseph B. Cipollone      **JOSEPH B. CIPOLLONE**      4/24/01      216-252-7300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/100)