

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91108 014 ***150.00

DOCUMENT # P16671

1. Entity Name
QUALITY GREETING CARD DISTRIBUTING COMPANY, INC.



Principal Place of Business
**ONE AMERICAN ROAD
CLEVELAND OH 44144
US**

Mailing Address
**ONE AMERICAN ROAD
CLEVELAND OH 44144
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|---------------------|-------------------|--------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| P | LIPPE, GARY | ONE AMERICAN ROAD | CLEVELAND OH 44144 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VP | LITVAK, JEFF | ONE AMERICAN ROAD | CLEVELAND OH 44144 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| T | CABLE, DALE A | ONE AMERICAN ROAD | CLEVELAND OH 44144 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| S | GROETZINGER, JON JR | ONE AMERICAN ROAD | CLEVELAND OH 44144 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| C | CIPOLLONE, JOSEPH | ONE AMERICAN ROAD | CLEVELAND OH 44144 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | WEISS, MORRY | ONE AMERICAN ROAD | CLEVELAND OH 44144 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 216-252-7300

Date

Daytime Phone #

CR2E034 (10/02)