

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90094 047 ***150.00

DOCUMENT # P18695

1. Corporation Name

BERRY-SPRINT PUBLISHING, INC.

Principal Place of Business

3170 KETTERING BLVD
DAYTON OH 45439
US

Mailing Address

P.O. BOX 6000, N/A
DAYTON OH 45401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1988

4. FEI Number

31-1212259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

25

2a. Mailing Address

26

P.O. Box 6000

Suite, Apt. #, etc.

27

City & State

28

DAYTON OH

Zip

Country

29

45401-6000

30

US

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, ELMER L.	
STREET ADDRESS	3170 KETTERING BLVD.	
CITY-ST-ZIP	DAYTON OH 45439	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARMANINI, JOSEPH S	
STREET ADDRESS	3170 KETTERING BLVD	
CITY-ST-ZIP	DAYTON OH 45439	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZIMMER, DONALD P.	
STREET ADDRESS	3170 KETTERING BLVD.	
CITY-ST-ZIP	DAYTON OH 45439	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUONGO, P.	
STREET ADDRESS	3170 KETTERING BLVD.	
CITY-ST-ZIP	DAYTON OH 45439	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILANO, STEVEN D.	
STREET ADDRESS	3170 KETTERING BLVD.	
CITY-ST-ZIP	DAYTON OH 45439	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

COMPTROLLER

Date

Daytime Phone #

RONALD L. HUIST 4/6/99 (937) 296-2246