FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25143** **(9)**

1. Corporation Name

GROLIER TELEMARKETING, INC.

Principal Place of Business	Mailing Address
SHERMAN TURNPIKE DANBURY CT 06816	SHERMAN TURNPIKE DANBURY CT 06816

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/11/1969**

3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **22-2180906** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

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

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:

Zip — 29: Country — 30:

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WHALEY, FAYE
HWY 77 MOWAT RD
LYNN HAVEN FL 32444

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 _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	CIRILLI, DANTE	12 NAME	Nalle, Peter D.	
STREET ADDRESS	12 FIR DRIVE	13 STREET ADDRESS	198 Ramapoo Road	
CITY-ST-ZIP	DANBURY CT	14 CITY-ST-ZIP	Ridgefield, CT 06877	
TITLE	AV	21 TITLE	VP	☐ Change ☒ Addition
NAME	MARGOLIN, STEVEN	22 NAME	Grossman, Martin	
STREET ADDRESS	14 BIRCH RD., CHARCOAL RIDGE	23 STREET ADDRESS	139 Old Redding Road	
CITY-ST-ZIP	NEW FAIRFIELD CT	24 CITY-ST-ZIP	Redding, CT 06896	
TITLE	AT	31 TITLE	T	☒ Change ☐ Addition
NAME	CIANCIOLO, L. J.	32 NAME	Russo, Edward J.	
STREET ADDRESS	47 HEMLOCK DRIVE	33 STREET ADDRESS	52 Sunhaven Drive	
CITY-ST-ZIP	NEW HARTFORD CT	34 CITY-ST-ZIP	New Rochelle, NY 10801	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	KABAK, EDWARD	42 NAME		
STREET ADDRESS	5 BROAD STREET	43 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	LAFFONT, FREDERIC J	52 NAME	Rackoff, Lester	
STREET ADDRESS	350 E. 72ND ST., #19A	53 STREET ADDRESS	4 Supple Way	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	Yorktown Heights, NY 10598	
TITLE	AT	61 TITLE		☐ Change ☐ Addition
NAME	CIANCIOLO, LAWRENCE J	62 NAME		
STREET ADDRESS	47 HEMLOCK DR.	63 STREET ADDRESS		
CITY-ST-ZIP	NEW HARTFORD CT	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/11/95 203-797-3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L. J. Cianciolo, Assistant Treasurer