FILE NOW: FILI	NG FEE AFT	ER MAY 1 IS \$225.00
PROFIT	5 July 5 100 .	FLORIDA DEPARTMENT OF STATE
CORPORATION		Sandra B Mortham
ANNUAL REPORT		Secretary of State
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	PROFIT FLORIDA DEPARTMENT OF STATE.		10f2)	
	MINITAL DEDOOT		ra B. Mortham		_
	1996 Secretary of State DIVISION OF CORPORATIONS				
			——————————————————————————————————————		
DOCUM 1. Corporation Na	ENT # PQ5	143			
GROL	LIER TELEMARKETIN	IG, INC.			
Principal Place of Business Mailing Address					
Sherman Turnpike		(c/o Tax De	-		
Danbury, CT 06816		Sherman Tu			
		Danbury, (CT 06816	3. Date Incorporated or Qualified 3a. [Date of Last Report
	•			07/11/1989	04/11/95
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
		26 c/o Tax De	partment	22-2180906	Not Applicable
Suite, Apt. #, etc.		27] Suite Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Danbury, C	T	Trust Fund Contribution	Added to Fees
Ziρ	Country	Zip	Country	8. This corporation has liability for intangible	
24	25 9. Name and Address of Cur	29 06816	30 U. S. A.	Florida Statutes 👿 Yes 🗌 No	
····	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
Whale	ey, Faye				
	77 Mowat Rd		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	Haven, FL 32444		83		
	march, 12 32444		84 City		or Zin Codo
			1	F	85 Zip Code
11. Pursuant to the	he provisions of Sections 607.05	302 and 607.1508, Florida State	utes, the above named corporated by the corporations show	ration submits this statement for the purpose of ird of directors. Thereby accept the appointment	changing its registered office
familiar with, a	and accept the obligations of, S	ection 607.0505, Florida Statut	es	and or or estors. Thoroby accept the appointment	as registered agent. Falls
SIGNATURE	white, hyped or printed name of registered a	and the lateral devices by the lateral devices and the	NOTE Registered Agent styr a consequence	: I when removing () DAT	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE		☐ DELETE	1 1 TIFLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS			1 3 STREET ADDRESS	See enclosure.	
CITY - ST - ZIP			1.4 CITY- ST ZIP		
TITLE		DELETE	2 171116		Change Addition
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 City - St - 2 PP		i
TITLE		DELETE	3 1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 City - St - ZiP		
TITLE			4 1 TITLE		Change Addition
NAME		DELETE	4 1 11121		
STREET ADDRESS		DELETE	4 2 NAME	ဝင္ထင့္တင့္သည္သည္မွန္မ	240
Ī		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS	000001808; -05/06/9601017	2 40 -015
CITY-S1-ZIP		_	4 2 NAME 4 3 STHEET ADDRESS 4 4 CHY - ST - ZIP	0000018082 -05/06/9601017 ***200.00	
CITY-ST-ZIP TITLE		DELETE	4 2 NAME 4 3 STHEEF ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE	0000018082 -05/06/9601017 ***200.00	2 4 0 -015 Change Addition
CITY - S1 - ZIP TITLE NAME		_	4 2 NAME 4 3 STHEET ADDRESS 4 4 CHY+ST-ZIP 5 1 TITLE 5 2 NAME	0000018082 -05/06/9601017 ***200.00	
CITY-ST-ZIP TITLE		_	4 2 NAME 4 3 STHEEF ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE	000018082 -05/06/9601017 ***200.00	
CITY - ST - ZIP TITLE NAME STREET ADDRESS		_	4 2 NAME 4 3 STHEET ADDRESS 4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS	000018082 -05/06/9601017 ***200.00	
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	4 2 NAME 4 3 STHEET ADDRESS 4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP	000018082 -05/06/9601017 ***200.00	Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE		☐ DELETE	4 2 NAME 4 3 STHEET ADDRESS 4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STHEET ADDRESS 5 4 CHY-ST-ZIP 6 1 TITLE	000018082 -05/06/9601017 ***200.00	Change Addition

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)(k). Florida Statetes) 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 comporation for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bicck 12 or Block 13 if charged, of in an attad ment with an address.

SIGNATURE:

SOUNTURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996 (203) 797-3778

CR2E034 (12/95)

#P25143 2 o f 2 04/24/96 14:57 Fl. Dept. of State pl /1

ATTN JOY

4/24/96

CORPORATE DETAIL RECORD SCREEN

2:35 PM

NUM: P25143 ST:NY ACTIVE/FOREIGN PROF FLD: 07/11/1989

FEI#: 22-2180906

: GROLIER TELEMARKETING, INC.

PRINCIPAL: SHERMAN TURNPIKE ADDRESS DANBURY, CT 06816

RA NAME : WHALEY, FAYE RA ADDR : HWY 77 MOWAT RD

NAME CHG: 04/26/94 ADDR CHG: 04/26/94

LYNN HAVEN, FL 32444 US

ANN REP : (1993) IY 04/22/93 (1994) BY 04/26/94 (1995) BY 04/25/95

4/24/96 OFFICER/DIRECTOR DETAIL SCREEN 2:35 PM CORP NUMBER: P25143 CORP NAME: GROLIER TELEMARKETING, INC. TITLE: PD NAME: CIRILLI, DANTE

12 FIR DRIVE

DANBURY, CT

TITLE: AV NAME: MARGOLIN, STEVEN

14 BIRCH RD., CHARCOAL RIDGE

NEW FAIRFIELD, CT

TITLE: T NAME: RUSSO, EDWARD J

52 SUNHAVEN DRIVE

NEW ROCHELLE, NY

TITLE: S NAME: KABAK, EDWARD

5 BROAD STREET

WESTPORT, CT TITLE: D NAME: RACKOFF, LESTER

4 SUPPLE WAY

YORKTOWN HEIGHTS, NY

TITLE: AT NAME: CIANCIOLO, LAWRENCE J

47 HEMLOCK DR. NEW HARTFORD, CT No chauses

annual_ report