SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT Aug 05 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # P25143 (9)GROLIER TELEMARKETING, INC. Principal Place of Business Mailing Address SHERMAN TURNPIKE C O TAX DEPT. DANBURY CT 06818 SHERMAN TURNPIKE DANBURY CT 06816 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/11/1989 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 22-2180906 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution П Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. Пνο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHALEY, FAYE HWY 77 MOWAT RD 82 Street Address (P.O. Box Number is Not Acceptable) LYNN HAVEN FL 32444 83 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE Change Addition CIRILLI, DANTE NAME 1.2 NAME 12 FIR DRIVE STREET ADDRESS 1.3 STREET ADDRESS DANBURY CT CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ TITLE 2.1 TITLE Channe Addition MARGOLIN, STEVEN NAME 2.2 NAME 14 BIRCH RD., CHARCOAL RIDGE STREET ADDRESS 2.3 STREET ADDRESS **NEW FAIRFIELD CT** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition RUSSO, EDWARD J NAME 3.2 NAME **52 SUNHAVEN DRIVE** STREET ADDRESS 3.3 STREET ADDRESS **NEW ROCHELLE NY** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition KABAK, EDWARD NAME 4, 2 NAME **5 BROAD STREET** STREET ADDRESS 4.3 STREET ADDRESS WESTPORT CT CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Change Addition RACKOFF, LESTER NAME 5.2 NAME **4 SUPPLE WAY** STREET ADDRESS 5.3 STREET ADDRESS YORKTOWN HEIGHTS NY CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition CIANCIOLO, LAWRENCE J NAME 6.2 NAME 47 HEMLOCK DR. STREET ADDRESS **6.3 STREET ADDRESS NEW HARTFORD CT** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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.

CICNIATIIDE

7/31/97

203-797-3778

FILED