


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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25143** (9)  
1. Corporation Name  
**GROLIER TELEMARTETING, INC.**

Principal Place of Business <b>SHERMAN TURNPIKE DANBURY CT 06816</b>	Mailing Address <b>C O TAX DEPT. SHERMAN TURNPIKE DANBURY CT 06816</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/11/1989</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>22-2180906</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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

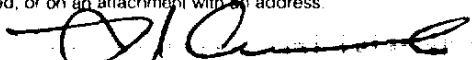
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRILLI, DANTE	1.2 NAME	
STREET ADDRESS	12 FIR DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DANBURY CT	1.4 CITY - ST - ZIP	
TITLE	AV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIN, STEVEN	2.2 NAME	
STREET ADDRESS	14 BIRCH RD., CHARCOAL RIDGE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW FAIRFIELD CT	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, EDWARD J	3.2 NAME	
STREET ADDRESS	52 SUNHAVEN DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ROCHELLE NY	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABAK, EDWARD	4.2 NAME	
STREET ADDRESS	5 BROAD STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	WESTPORT CT	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKOFF, LESTER	5.2 NAME	
STREET ADDRESS	4 SUPPLE WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	YORKTOWN HEIGHTS NY	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIANCIOLO, LAWRENCE J	6.2 NAME	
STREET ADDRESS	47 HEMLOCK DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW HARTFORD CT	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.

SIGNATURE:



4/7/98

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CR2E034 (10/97)