

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30428

FILED
Jan 23, 2009
Secretary of State

Entity Name: CARLTON CARDS RETAIL, INC.

Current Principal Place of Business:

ONE AMERICAN RD
CLEVELAND, OH 44144

New Principal Place of Business:

Current Mailing Address:

ONE AMERICAN RD
ATTN: TAX DEPT
CLEVELAND, OH 44144

New Mailing Address:

FEI Number: 06-0858911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSTON, THOMAS
Address: ONE AMERICAN ROAD
City-St-Zip: CLEVELAND, OH 44144

Title: C () Delete
Name: BECKSTROM, DENNIS
Address: ONE AMERICAN ROAD
City-St-Zip: CLEVELAND, OH 44144

Title: T () Delete
Name: STEINBERG, GREGORY
Address: ONE AMERICAN ROAD
City-St-Zip: CLEVELAND, OH 44144

Title: VP () Delete
Name: CIPOLLONE, JOSEPH
Address: ONE AMERICAN ROAD
City-St-Zip: CLEVELAND, OH 44144

Title: S () Delete
Name: KILBANE, ESQ, CATHERINE
Address: ONE AMERICAN ROAD
City-St-Zip: CLEVELAND, OH 44144

Title: D () Delete
Name: WEISS, ZEV
Address: ONE AMERICAN ROAD
City-St-Zip: CLEVELAND, OH 44144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH CIPOLLONE

VP

01/23/2009

Electronic Signature of Signing Officer or Director

Date