

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32390

FILED
Apr 27, 2009
Secretary of State

Entity Name: SHOWCASE PUBLICATIONS, INC.

Current Principal Place of Business:

810 HOOPER AVENUE
TOMS RIVER, NJ 08753

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491
TOMS RIVER, NJ 08754

New Mailing Address:

810 HOOPER AVENUE
TOMS RIVER, NJ 08753

FEI Number: 22-2240478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: DRAPER, ROBERT N.
Address: 40 IRONS STREET
City-St-Zip: TOMS RIVER, NJ

Title: VST () Delete
Name: HALUCHA, DONALD F.
Address: 40 IRONS STREET
City-St-Zip: TOMS RIVER, NJ

Title: D () Delete
Name: HALUCHA, DONALD F.
Address: 40 IRONS STREET
City-St-Zip: TOMS RIVER, NJ

Title: V () Delete
Name: MCDERMOTT, JOHN
Address: 40 IRONS STREET
City-St-Zip: TOMS RIVER, NJ

Title: V () Delete
Name: HALUCHA, ROBERT
Address: 40 IRONS STREET
City-St-Zip: TOMS RIVER, NJ

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:

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: JOHN MCDERMOTT

V

04/27/2009

Electronic Signature of Signing Officer or Director

Date