FILED May 03, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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Corporation Name

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COMMUNICATIONS BUYING	GROUP, INC.
Principal Place of Business	Mailing Address
161 INVERNESS DRIVE WEST ENGLEWOOD CO 80112 US	P.O. BOX 6742 ENGLEWOOD CO 80155-6742
Principal Place of Business 21	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip

29

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible ☐ Yes

Applied For

C T CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

25

Country

9. Name and Address of Current Registered Agent

1		10. Name and Address of New Registered Agent					
Ī	81	Name					
	82	Street Address (P.O. Box Number is Not Acceptable)					
İ	83						
	84	City FL 85 Zip Code					

10/07/1992 4. FEI Number

34-1623213

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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.

Country

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SIGNATURE (NOTE: Receivered Agent signature provided when constaling). DATE									
Signature, typed or plante or registered egent and use a explication.									
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	VP	X DELETE	1.1 TITLE	Director and President	☐ Change	☐ Addition			
NAME	DALY, ROBERT B		1.2 NAME	Douglas I. Falk		İ			
STREET ADDRESS	23200 CHARGRIN BLVD., 5TH FLOOR		1.3 STREET ADDRESS	161 Inverness Drive West					
CITY-\$T-ZIP	CLEVELAND OH 44122		1.4 CITY-ST-ZIP	Englewood, CO 80112					
TITLE	PD	₹ DELETE	2.1 TITLE	Director and VP	☐ Change	☐ Addition			
NAME	OHRINGER, SHELDON S		2.2 NAME	Harry R. Herbst		Ì			
STREET ADDRESS	161 INVERNESS DR W		2.3 STREET ADDRESS	161 Inverness Drive West					
CITY-ST-ZIP	ENGLEWOOD CO 80112		2.4 CITY-ST-ZIP	Englewood, CO-80112					
TITLE	VPD	X DELETE	3.1 TITLE	Assistant Secretary	☐ Change	Addition			
NAME	GRENFELL, JAMES D.		3.2 NAME	Kathleen M. Boelte					
STREET ADDRESS	161 INVERNESS DR W		3.3 STREET ADDRESS	161 Inverness Drive West					
CfTY-ST-ZIP	ENGLEWOOD CO 80112		3.4. CITY-ST-ZIP	Englewood, CO 80112					
TITLE	VPSD	☐ DELETE	4.1 TITLE	linglewood, co ooliz	☐ Change	☐ Addition			
NAME	TEAGUE, DON		4, 2 NAME						
STREET ADDRESS	161 INVERNESS DR W		4.3 STREET ADDRESS			1			
CITY-ST-ZIP	ENGLEWOOD CO 80112		4.4 CITY-ST-ZIP						
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition]			
NAME	VEGLIANTE, REGINA A.		5.2 NAME						
STREET ADDRESS	161 INVERNESS DR W		5.3 STREET ADDRESS						
CITY-ST-ZIP	ENGLEWOOD CO 80112		5.4 CITY-ST-ZIP						
TITLE	AVPT	X DELETE	6.1 TITLE	Assistant VP - Tax	☐ Change	☐ Addition			
NAME	HALSEY, GREG		6.2 NAME	Robert L. Merkel					
STREET ADDRESS	161 INVERNESS DR W		6.3 STREET ADDRESS	161 Inverness Drive West		}			
CITY-ST-ZIP	ENGLEWOOD CO 80112		6.4 CITY-ST-ZIP	Englewood, CO 80112					

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(303) 414-5000