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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:07

DOCUMENT # **P94000030551 (3)**

1. Corporation Name
PUBLISHERS LIST EXCHANGE, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVE. SUITE 1100 MIAMI FL 33131	801 BRICKELL AVE. SUITE 1100 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1994	N/A

2. Principal Place of Business	2a. Mailing Address
21 951 Broken Sound Pkwy	26 951 Broken Sound Pkwy
Suite, Apt. #, etc. 22 Suite 160	Suite, Apt. #, etc. 27 Suite 160
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33431 / 25 U S A	Zip / Country 29 33431 / 30 U S A

4. FEI Number: 65-0494392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDFARB, ROBERT I 801 BRICKELL AVE. SUITE 1100 MIAMI FL 33131	81 Name: David Savitch 82 Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Parkway 83: Suite 160 84 City: Boca Raton, FL 85 Zip Code: 33431

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] 4/1/95
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	D	11 TITLE	Director/President	☒ Change ☐ Addition
NAME	SAVITCH, DAVID	12 NAME	Savitch, David	
STREET ADDRESS	18121 DAYBREAK DR.	13 STREET ADDRESS	951 Broken Sound Pkwy #160	
CITY-ST-ZIP	BOCA RATON FL 33496	14 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	21 TITLE	Director/Vice President	☒ Change ☐ Addition
NAME	SAVITCH, JANINE	22 NAME	Savitch, Janine M.	
STREET ADDRESS	18121 DAYBREAK DR.	23 STREET ADDRESS	951 Broken Sound Pkwy #160	
CITY-ST-ZIP	BOCA RATON FL 33496	24 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	31 TITLE	Director/Vice President	☒ Change ☐ Addition
NAME	STEPHENS, THOMAS E	32 NAME	Stephens, Thomas E.	
STREET ADDRESS	951 BROKEN SOUND PARKWAY, #190	33 STREET ADDRESS	951 Broken Sound Pkwy. #160	
CITY-ST-ZIP	BOCA RATON FL 33431	34 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		41 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME		42 NAME	Ross, Vernon C.	
STREET ADDRESS		43 STREET ADDRESS	951 Broken Sound Pkwy #160	
CITY-ST-ZIP		44 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] [signature] 3/14/95 407-995-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130097 CP