

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000014420 (9)

1. Corporation Name
WILLIAM COOK DIRECT MARKETING, INC.



Principal Place of Business 225 WATER STREET SUITE 1600 JACKSONVILLE FL 32202	Mailing Address 225 WATER STREET SUITE 1600 JACKSONVILLE FL 32202-5149
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-3361926	Applied For ☐ Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	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					

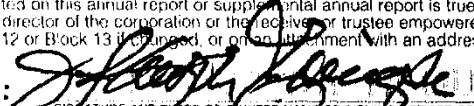
9. Name and Address of Current Registered Agent BRANT, MOORE, MACDONALD & WELLS, P.A. 50 N. LAURA STREET SUITE 3100 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	C/D ☒ Change ☐ Addition
NAME	SCHRAMM, BERNARD C JR.	1.2 NAME	
STREET ADDRESS	225 WATER STREET, SUITE 1600	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	CEO/D ☒ Change ☐ Addition
NAME	EDDINGS, J. CARSON	2.2 NAME	
STREET ADDRESS	225 WATER STREET, SUITE 1600	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	AS/D ☒ Change ☐ Addition
NAME	BRANT, WILLIAM P	3.2 NAME	
STREET ADDRESS	50 N. LAURA STREET, SUITE 3100	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	S/D ☒ Change ☐ Addition
NAME	SCHNEIDER, AL L	4.2 NAME	
STREET ADDRESS	50 N. LAURA STREET, SUITE 3100	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	P ☐ Change ☒ Addition
NAME		5.2 NAME	Theodore W. Grigg
STREET ADDRESS		5.3 STREET ADDRESS	225 Water Street, Suite 1600
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  **J. Carson Eddings** 4/17/97 904/353-3911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0029380

CR2E034 (9/96)