

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -7 AM 10:48

DOCUMENT # F93000003385 (2)

1. Corporation Name

MALRITE COMMUNICATIONS GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

800 SKYLIGHT OFFICE TOWER
1660 W. SECOND ST.
CLEVELAND OH 44113-1454
US

800 SKYLIGHT OFFICE TOWER
1660 W. SECOND ST.
CLEVELAND OH 44113-1454
US

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
34-1743761

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

#231E Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C
NAME	MALTZ, MILTON
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST. CLEVELAND OH 44113
CITY - ST - ZIP	CLEVELAND OH 44113
TITLE	PC
NAME	CHAFFEE, JOHN C JR
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST. CLEVELAND OH 44113
CITY - ST - ZIP	CLEVELAND OH 44113
TITLE	VS
NAME	FIGHT, KEVAN A
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST. CLEVELAND OH 44113
CITY - ST - ZIP	CLEVELAND OH 44113
TITLE	C
NAME	MARRA, NICHOLAS M
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST. CLEVELAND OH
CITY - ST - ZIP	CLEVELAND OH
TITLE	V
NAME	THATCHER, DENNIS
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST. CLEVELAND OH 44113
CITY - ST - ZIP	CLEVELAND OH 44113
TITLE	V
NAME	GREEN, MURRAY
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST. CLEVELAND OH 44113
CITY - ST - ZIP	CLEVELAND OH 44113

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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: Nicholas M. Marra NICHOLAS M. MARRA 5/24/95 216-787-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE