

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # F93000003385 (2)

1. Corporation Name

MALRITE COMMUNICATIONS GROUP, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current 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
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

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

(If No. Registers Agent signature is not applicable)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE
NAME	MALTZ, MILTON
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	PC <input type="checkbox"/> DELETE
NAME	CHAFFEE, JOHN C JR
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	VS <input type="checkbox"/> DELETE
NAME	FIGHT, KEVAN A
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	C <input type="checkbox"/> DELETE
NAME	MARRA, NICHOLAS M
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	THATCHER, DENNIS
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	V <input type="checkbox"/> DELETE
NAME	GREEN, MURRAY
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH 44113

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	C, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	P, COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	V, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	S <input checked="" 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)(c), 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**

3/10/96 216-781-3010

CP2E034 (12/95)