

1.) CORPORATION NAME:

**CARLTON CARDS RETAIL, INC.**

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

SCC ID NO: **F1168220**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE AMERICAN ROAD

CITY/ST/ZIP: CLEVELAND, OH 44144-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS JOHNSTON	
TITLE:	PRESIDENT	
ADDRESS:	ONE AMERICAN ROAD	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44144-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ZEV WEISS	
TITLE:	VP/DIRECTOR	
ADDRESS:	ONE AMERICAN ROAD	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44144-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOSEPH CIPOLLONE	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE AMERICAN ROAD	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44144-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN SMITH	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE AMERICAN ROAD	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44144-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CATHERINE KILBANE ESQ	
TITLE:	SECRETARY	
ADDRESS:	ONE AMERICAN RD	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44144-	

NAME: CHRISTOPHER HAFFKE, ESQ TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: CLEVELAND, OH 44144-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GREGORY STEINBERG TITLE: TREASURER ADDRESS: ONE AMERICAN RD CITY/ST/ZIP/CO: CLEVELAND, OH 44144-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GUILHERME N. MELLO TITLE: ASST TREASURER ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: CLEVELAND, OH 44144-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KERRY KIPFSTUHL TITLE: VICE PRESIDENT ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: CLEVELAND, OH 44144-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT D TYLER TITLE: PRESIDENT ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: CLEVELAND, OH 44144-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ JOSEPH CIPOLLONE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH CIPOLLONE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE
1/2/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	