


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000003612**  
 1. Entity Name  
**HARTE-HANKS DIRECT, INC.**



Principal Place of Business      Mailing Address  
 200 CONCORD PLAZA DRIVE, SUITE 800      200 CONCORD PLAZA DRIVE, SUITE 800  
 SAN ANTONIO TX 78216      SAN ANTONIO TX 78216



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For / Not Applied

**13-3520560**       Applied For /  Not Applied

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE      (NOTE: Registered Agent signature required when constituting)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	HARVEY, FRANK	
STREET ADDRESS	2050 CABOT BLVD WEST	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARTE, HOUSTON H	
STREET ADDRESS	200 CONCORD PLAZA DRIVE, SUITE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANKLIN, LARRY	
STREET ADDRESS	200 CONCORD PLAZA DRIVE, SUITE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLYTHE, DEAN H	
STREET ADDRESS	200 CONCORD PLAZA DRIVE, SUITE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOCHHAUSER, RICHARD M	
STREET ADDRESS	200 CONCORD PLAZA DRIVE, SUITE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	ORTIZ, FEDERICO	
STREET ADDRESS	200 CONCORD PLAZA DRIVE, SUITE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	100000511624	
CITY-ST-ZIP	04/29/06-80058-008 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Federico Ortiz*      4-6-06      210 829 9358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #