

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807216 (7)

1. Corporation Name
MULTIGRAPHICS, INC.

Principal Place of Business 431 LAKEVIEW COURT MT. PROSPECT IL 60056 US	Mailing Address 431 LAKEVIEW COURT MT. PROSPECT IL 60056 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1946		4. FEI Number 34-0054940		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
22 City & State	27 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Zip	28 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	11 TITLE	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, JEROME	12 NAME	Thomas D. Rooney
STREET ADDRESS	9399 HIGGINS 9TH FL	13 STREET ADDRESS	431 Lakeview Ct.
CITY-ST-ZIP	ROSEMONT IL	14 CITY-ST-ZIP	Mt. Prospect, IL 60056
TITLE	VP <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, THOMAS D.	22 NAME	
STREET ADDRESS	431 LAKEVIEW COURT	23 STREET ADDRESS	
CITY-ST-ZIP	MT. PROSPECT IL	24 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARP, THERESA	32 NAME	
STREET ADDRESS	431 LAKEVIEW COURT	33 STREET ADDRESS	
CITY-ST-ZIP	MT. PROSPECT IL	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	VP, General Counsel & <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, STEVE	42 NAME	Secretary
STREET ADDRESS	9399 HIGGINS 9TH FL	43 STREET ADDRESS	431 Lakeview Ct.
CITY-ST-ZIP	ROSEMONT IL	44 CITY-ST-ZIP	Mt. Prospect, IL 60056
TITLE	T <input type="checkbox"/> DELETE	51 TITLE	VP, CFO & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIPP, GREGORY T	52 NAME	
STREET ADDRESS	431 LAKEVIEW COURT	53 STREET ADDRESS	
CITY-ST-ZIP	MT. PROSPECT IL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: *Gregory T. Knipp* Gregory T. Knipp 4/23/98 847-375-1700

CR2E034 (10/97)