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**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90175 044 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 807216**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1946

4. FEI Number

34-0054940

Applied For  
 Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC  DELETE  
 NAME ROONEY, T  
 STREET ADDRESS 431 LAKEVIEW CT  
 CITY-ST-ZIP MT PROSPECT IL 60056

TITLE VP  DELETE  
 NAME ANDREWS, STEVE  
 STREET ADDRESS 431 LAKEVIEW CT  
 CITY-ST-ZIP MT PROSPECT IL 60056

TITLE VPCT  DELETE  
 NAME KNIPP, GREGORY T  
 STREET ADDRESS 431 LAKEVIEW COURT  
 CITY-ST-ZIP MT. PROSPECT IL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PC  Change  Addition  
 1.2 NAME ANDREWS, STEVE  
 1.3 STREET ADDRESS 431 LAKEVIEW CT.  
 1.4 CITY-ST-ZIP MT. PROSPECT, IL 60056

2.1 TITLE COF  Change  Addition  
 2.2 NAME DUCHESNE, MARK  
 2.3 STREET ADDRESS 431 LAKEVIEW CT.  
 2.4 CITY-ST-ZIP MT. PROSPECT, IL 60056

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 Date

847-375-1700 Daytime Phone #

CR2E034 (1/98)