FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34054** **(7)**

1. Corporation Name
SULLIVAN GRAPHICS, INC.

Principal Place of Business	Mailing Address
100 WINNERS CIRCLE BRENTWOOD TN 37027	100 WINNERS CIRCLE BRENTWOOD TN 37027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/22/1991**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
100 WINNERS CIRCLE, BRENTWOOD TN 37027

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
100 WINNERS CIRCLE, BRENTWOOD TN 37027

4. FEI Number: **16-1003976** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	11 TITLE	C/CEO/D	☒ Change ☐ Addition
NAME	SULLIVAN, JAMES T.	12 NAME	SULLIVAN, JAMES T	
STREET ADDRESS	100 WINNERS CIRCLE	13 STREET ADDRESS	225 HIGH RIDGE ROAD	
CITY ST ZIP	BRENTWOOD TN	14 CITY ST ZIP	STAMFORD CT 06905	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	KOESSLER, PAUL J.	22 NAME	HOCH, JAMES S	
STREET ADDRESS	100 WINNERS CIRCLE	23 STREET ADDRESS	1221 AVENUE OF THE AMERICAS 33RD FLOOR	
CITY ST ZIP	BRENTWOOD TN	24 CITY ST ZIP	NEW YORK NY 10020	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	BRAZELL, E. DOUGLAS	32 NAME		
STREET ADDRESS	2340 E. POLK STREET	33 STREET ADDRESS		
CITY ST ZIP	PHOENIX AZ	34 CITY ST ZIP		
TITLE	V	41 TITLE	V	☒ Change ☐ Addition
NAME	RICHARDSON, BRYAN D.	42 NAME	MILANO, JOSEPH M	
STREET ADDRESS	100 WINNERS CIRCLE	43 STREET ADDRESS	225 HIGH RIDGE ROAD	
CITY ST ZIP	BRENTWOOD TN	44 CITY ST ZIP	STAMFORD CT 06905	
TITLE	P	51 TITLE	P/D	☒ Change ☐ Addition
NAME	DYOTT, STEPHEN M	52 NAME	DYOTT, STEPHEN M	
STREET ADDRESS	100 WINNERS CIRCLE	53 STREET ADDRESS	225 HIGH RIDGE ROAD	
CITY ST ZIP	BRENTWOOD TN	54 CITY ST ZIP	STAMFORD CT 06905	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	ROYCE, DENISE D	
STREET ADDRESS		63 STREET ADDRESS	100 WINNERS CIRCLE	
CITY ST ZIP		64 CITY ST ZIP	BRENTWOOD TN 37027	

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)(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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denise D Royce DENISE D. ROYCE, VP - TAX (615) 377-0377
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0488891 FP