FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 37027-5012

3. Date Incorporated or Qualified: 05/22/1991
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business
21 225 HIGH RIDGE ROAD
Suite, Apt. #, etc.: 22
City & State: 23 STAMFORD CT
Zip: 24 06905 Country: 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, JAMES T.		1.2 NAME		
STREET ADDRESS	225 HIGH RIDGE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HOCH, JAMES S		2.2 NAME	FRANK Y. SICA	
STREET ADDRESS	1221 AVE OF THE AMERICAS, 33RD FLOOR		2.3 STREET ADDRESS	1221 AVE OF THE AMERICAS, 33RD FLOOR	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILANO, JOSEPH M		3.2 NAME		
STREET ADDRESS	225 HIGH RIDGE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	C/P/CEO	☒ Change ☐ Addition
NAME	DYOTT, STEPHEN M		4.2 NAME	STEPHEN M. DYOTT	
STREET ADDRESS	225 HIGH RIDGE ROAD		4.3 STREET ADDRESS	225 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROYCE, DENISE D		5.2 NAME		
STREET ADDRESS	100 WINNERS CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	ERIC T. FRY	
STREET ADDRESS			6.3 STREET ADDRESS	1221 AVE. OF THE AMERICAS, 33RD FLOOR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	NEW YORK NY 10020	

CR2E034 (9/96)

14. I do 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: Denise Royce Denise Royce, V.P.-Taxes 2/25/97 615-377-0377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #