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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P34054

(7)

AMERICAN COLOR GRAPHICS, INC. (NEW YORK)

## FILED Mar 30 1998 8:00am Secretary of State



No. 12 and April 1997					1 SDATINAN SDE 1991T ALDER BILLI BENT DENT DENT DENT DENT DENT DENT DENT D	
Principal Place of Business Mailing Address						
225 HIGHRIDGE RD STAMFORD CT 06905		100 WINNERS CIRCLE Brentwood TN 37027				DO NOT WRITE IN THIS SPACE
US						3. Date Incorporated or Qualified
						05/22/1991
2. Principal Place of Business 2a. Mailing Address			36			4. FEI Number Applied For
21		26				16-1003976 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	_	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. X Yes No
	9, Name and Address of Current	Registered Agent		1		10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM				81	Name	
1200 S. PINE ISLAND ROAD				82	Street	Address (P.O. Box Number is Not Acceptable)
PL/						
				83		
				84	City	85 Zip Code
				04	City	FL   S   Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	DOVE	-named	d 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.						
·	Transact With, and accept the obliga	110115 01, 00011011 001 10000, 11	orion otal	.0.00	.,	
SIGNATURE Signature, typed or printed varies of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CCEO	DELETE	11 TI	TLE		Director Change Addition
NAME	Sullivan, James T.		1.2 N	4ME		EIICT. Fry
STREET ADDRESS	DRESS 225 HIGH RIDGE ROAD 11		1.3 S1	HEET	address	1221 Avenue of the Americas 53rd Floor
CITY-ST-ZIP	STAMFORD CT		1.4 C	TY-S	T-ZIP	Now York, NY
TITLE	D	☐ DELETE	2.1 TI	TLE		Change Addition
NAME	FRANK V SICA		2.2 N	2.2 NAME		
STREET ADDRESS	4004 AVE OF THE AMEDICAR OODD ELOS		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	NEW YORK MY			2.4 CITY - ST - ZIP		
TITLE	V			TLE		Change Addition
NAME	AULANO LOOPPILM		3.2 N			
STREET ADDRESS	225 HIGH RIDGE ROAD				ADDRESS	
	STAMFORD CT				T-ZIP	
CITY-ST-ZIP TITLE	CPCE	DELETE	4.1 TI		II - EH	☐ Change ☐ Addition
NAME	STEPHEN M DYOTT		4.28			
	225 HIGH RIDGE ROAD				ADDRESS	
STREET ADDRESS	STAMFORD CT					
CITY-ST-ZIP	V	DELETE	4.4 Cl		T- ZIP	Change Addition
TITLE	ROYCE, DENISE D	[ DECENT				
NAME	100 WINNERS CIRCLE		5.2 N		400000°	
STREET ADDRESS	BRENTWOOD TN				ADDRESS	
CITY-ST-ZIP	DUCIALLACOD 114	DELETE			T- ZIP	Provetana Change Addition
TITLE		L.J DELETE	6.1 TI			
NAME			6.2 N	AME		Imothy M. Duis
STREET ADDRESS			6.3 S	TREET	address	Timothy M. Davis 225 High Ricker Road Hamford, CT
CITY-ST-ZIP			6.4 C	ITY - S	T-ZIP	Stampola, CT
44 I horoby	while that the information supplied with	th this filing does not qualify f	or the exi	ama	tion state	ted in Section 119.07(3)(i). Florida Statutes. I further certify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. Fluring 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 rocciver 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.

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