2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003091

Entity Name: SIGNATURE GRAPHICS, INC

Current Principal Place of Business:

1000 SIGNATURE DRIVE PORTER. IN 46304

Current Mailing Address:

1000 SIGNATURE DRIVE PORTER. IN 46304

FEI Number: 36-4297699 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 25, 2016

Secretary of State

CC2810593977

Officer/Director Detail:

Title D Title DP

Name ADAMS, DALE A Name GUSE, TIMOTHY

Address 437 MADISON AVENUE Address 1000 SIGNATURE DRIVE

City-State-Zip: NEW YORK NY 10022 City-State-Zip: PORTER IN 46304

Title CEO Title VP

Name GUSE, TIMOTHY Name MASON, DAVID

Address 1000 SIGNATURE DRIVE Address 1000 SIGNATURE DRIVE

City-State-Zip: PORTER IN 46304 City-State-Zip: PORTER IN 46304

Title SD Title C

Name GANGI, CRAIG Name GODFREY, PAUL

Address 1000 SIGNATURE DRIVE Address 1000 SIGNATURE DRIVE

City-State-Zip: PORTER IN 46304 City-State-Zip: PORTER IN 46304

Title VP Title AS

Name WITAKER, STEVEN Name SCHATZMAN, JENNIFER L
Address 1000 SIGNATURE DRIVE Address 437 MADISON AVENUE

City-State-Zip: PORTER IN 46304 City-State-Zip: NY NY 10022

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG GANGI SECRETARY 04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title AS

Name JONES, KATHLEEN M Address 437 MADISON AVENUE

City-State-Zip: NY NY 10022