

2017 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

Officer/Director Detail :

Title	D
Name	ADAMS, DALE A
Address	437 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10022

Title	DP
Name	GUSE, TIMOTHY
Address	1000 SIGNATURE DRIVE
City-State-Zip:	PORTER IN 46304

Title	VP
Name	MASON, DAVID
Address	1000 SIGNATURE DRIVE
City-State-Zip:	PORTER IN 46304

Title	SD
Name	GANGI, CRAIG
Address	1000 SIGNATURE DRIVE
City-State-Zip:	PORTER IN 46304

Title	C
Name	GODFREY, PAUL
Address	1000 SIGNATURE DRIVE
City-State-Zip:	PORTER IN 46304

Title	VP
Name	WITAKER, STEVEN
Address	1000 SIGNATURE DRIVE
City-State-Zip:	PORTER IN 46304

Title	AS
Name	SCHATZMAN, JENNIFER L
Address	437 MADISON AVENUE
City-State-Zip:	NY NY 10022

Title	AS
Name	JONES, KATHLEEN M
Address	437 MADISON AVENUE
City-State-Zip:	NY NY 10022

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**AUTHORIZED PERSON****04/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date