

**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

**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 CEO  
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

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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