


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91427 033 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> 318375 <b>1. Entity Name</b> QUEBECOR WORLD LANMAN LITHOTECH INC.	
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**DO NOT WRITE IN THIS SPACE**

**90127268**

<b>2. Principal Place of Business</b> 337 Northlake Blvd. Suite, Apt. #, etc. <b>Suite 1004</b> City & State Altamonte Springs, FL Zip 33324		<b>3. Mailing Address</b> 340 Pemberwick Rd. Suite, Apt. #, etc. City & State Greenwich, CT Zip 06831		<b>4. FEI Number</b> 59-1215227	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country USA		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name <b>CT Corporation</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b>	
	City <b>Plantation</b>	FL Zip Code <b>33324</b>

**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>COO/D</b> David Boles, 340 Pemberwick Road Greenwich, CT, 06831	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP/T</b> Denis Aubin, 612 St. Jacques Street Montreal, Quebec, Canada H3C 4M8	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> Paul Runko, 340 Pemberwick Road Greenwich, CT 06831	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/CGC/S</b> Raynald Lecavalier, 612 St. Jacques Street Montreal, Quebec, Canada H3C 4M8	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> Diane Sanford, 340 Pemberwick Road Greenwich, CT 06831	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Claude Helie, 612 St. Jacques Street Montreal, Quebec, Canada H3C 4M8	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**12.** I 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 report or supplemental 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 10 or on an attachment with an address with all other like empowered.

**SIGNATURE:**



Diane Sanford, Tax Director

4/30/03

(203)532-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)