FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:46

DOCUMENT # **740031** **(0)**

1. Corporation Name

NATIONAL ASSOCIATION OF QUICK PRINTERS, INC.

Principal Place of Business	Mailing Address
401 N. MICHIGAN AVENUE 24TH FLOOR CHICAGO IL 60611-4267	401 N. MICHIGAN AVENUE 24TH FLOOR CHICAGO IL 60611-4267

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1977
3a. Date of Last Report: 03/24/1994
4. FEI Number: 51-0203990 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, MITCHELL	1.2 NAME		
STREET ADDRESS	361 SOUTH AVE. EAST	1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTFIELD NJ	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	GILBERT, EDWARD	2.2 NAME	Glass, Bill	
STREET ADDRESS	630 MAIN STREET, MPO BOX 2068	2.3 STREET ADDRESS	125 N.W. 13th Street	
CITY-ST-ZIP	NIAGARA FALLS NY	2.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BLACK, KAYE	3.2 NAME	DeDiemar, Nancy	
STREET ADDRESS	504 PINELAND OFFICE CENTER	3.3 STREET ADDRESS	893 West 9th Street	
CITY-ST-ZIP	HILTON HEAD ISLAND SC	3.4 CITY-ST-ZIP	Upland, CA	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CHUNIS, TOM	4.2 NAME	Amoyo, Maco	
STREET ADDRESS	15240 VENTURA	4.3 STREET ADDRESS	1100 Jupiter Road - Suite 130	
CITY-ST-ZIP	OAK FOREST IL	4.4 CITY-ST-ZIP	Plano, TX	
TITLE	F	5.1 TITLE		☒ Change ☐ Addition
NAME	PATAKY,GEORGE	5.2 NAME		
STREET ADDRESS	301 TUNNEL ROAD	5.3 STREET ADDRESS	73 North Market Street	
CITY-ST-ZIP	ASHEVILLE NC	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	President-Elect	☐ Change ☒ Addition
NAME	KNOWLES, GORDON	6.2 NAME	Ternes, William	
STREET ADDRESS	835 PINEBARK CIRCLE	6.3 STREET ADDRESS	110 East Washington	
CITY-ST-ZIP	MT. GILEAD NC	6.4 CITY-ST-ZIP	Ann Arbor, MI	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy L. DeDiemar Nancy L. DeDiemar 4/2/95 909-981-5715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074603