

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **09/01/1977** 3a. Date of Last Report **04/11/1995**
4. FEI Number **54-0203890** 36-3831108 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
100001910141
-08/01/96--01011--009
84 City *****61.25** FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, MITCHELL	1.2 NAME	Ternes, Bill
STREET ADDRESS	361 SOUTH AVE. EAST	1.3 STREET ADDRESS	110 East Washington
CITY-ST-ZIP	WESTFIELD NJ	1.4 CITY-ST-ZIP	Ann Arbor, MI 48102
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, BILL	2.2 NAME	Karnavicius, Al
STREET ADDRESS	125 N.W. 13TH STREET	2.3 STREET ADDRESS	1101 First Avenue, South
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDIEMAR, NANCY	3.2 NAME	DeDiemar, Nancy
STREET ADDRESS	893 WEST 9TH STREET	3.3 STREET ADDRESS	893 West 9th Street
CITY-ST-ZIP	UPLAND CA	3.4 CITY-ST-ZIP	Upland, CA 91786
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOYO, MACO	4.2 NAME	Poland, Terry
STREET ADDRESS	1100 JUPITER ROAD, SUITE 130	4.3 STREET ADDRESS	2580 Wyandotte Street, Unit B
CITY-ST-ZIP	PLANO TX	4.4 CITY-ST-ZIP	Mountain View, CA 94043
TITLE	F <input checked="" type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATAKY, GEORGE	5.2 NAME	Pataky, George
STREET ADDRESS	73 NORTH MARKET STREET	5.3 STREET ADDRESS	73 North Market Street
CITY-ST-ZIP	ASHEVILLE NC	5.4 CITY-ST-ZIP	Asheville, NC 28801
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, GORDON	6.2 NAME	Rounds, George
STREET ADDRESS	835 PINEBARK CIRCLE	6.3 STREET ADDRESS	401 N. Michigan Avenue
CITY-ST-ZIP	MT. GILEAD NC	6.4 CITY-ST-ZIP	Chicago, IL 60611

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)(k), 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 DeDiemar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/10/96** (30) 644-6610
Daytime Phone # **(6) 713/196 0018748**

CR2E037 (3/96)