

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740031 (0)  
1. Corporation Name  
NATIONAL ASSOCIATION OF QUICK PRINTERS, INC.

Principal Place of Business 401 N. MICHIGAN AVENUE 24TH FLOOR CHICAGO IL 60611-4267	Mailing Address 401 N. MICHIGAN AVENUE 24TH FLOOR CHICAGO IL 60611-4267
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3. Date Incorporated or Qualified 09/01/1977	4. FEI Number 36-3831108	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 85. Zip Code FL
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TERNES, BILL 110 EAST WASHINGTON ANN ARBOR MI 48102 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D DOLAND, TERRY 2580 WYANDOTTE ST., UNIT B MOUNTAINVIEW, CA 94043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D KARNAVICIUS, AL 1101 FIRST AVENUE, SOUTH ST PETERSBURG FL 33705 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D ANN MITCHELL 3307 CHARLOTTE AVE. NASHVILLE, TN 37209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD DEDIEMAR, NANCY 893 WEST 9TH STREET UPLAND CA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D KARNAVICIUS, AL 1101 FIRST AVE. SOUTH ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD DOLAND, TERRY 2580 WYANDOTTE ST UNIT B MOUNTAINVIEW CA 94043 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	F PATAKY, GEORGE 78 NORTH MARKET STREET ASHEVILLE NC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	M DAVID STEINHARDT 401 N. MICHIGAN AVE. CHICAGO, IL 60611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	M ROUNDS, GEORGE 401 N. MICHIGAN AVE CHICAGO IL 60611 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/98

Date

(312) 321-1886

Daytime Phone #

CR2E037 (5/98)