2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805891

Title:

Name:

Address:

City-St-Zip:

ne: MOORE WALLACE NORTH AMERICA, INC

FILED Apr 06, 2009 Secretary of State

Entity Nar	ne: MOORE	WALLACE NORTH AMERICA,	INC.		
Current Principal Place of Business:			New Principal Place of Business:		
1200 LAKESIDE DRIVE BANNOCKBURN, IL 60015			111 SOUTH WACKER DRIVE CHICAGO, IL 60606		
Current Mailing Address:			New Mailing Address:		
	ONNELLEY H WACKER D , IL 60606	RIVE			
FEI Number:	16-0331690	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1200 S. PII	ORATION SYS NE ISLAND RO ON, FL 33324	DAD			
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agen Election Campaign Financing Trust Fund Contribution ().			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () BETTMAN, SUZ 111 SOUTH WA CHICAGO, IL 6	ACKER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () ZENGO, GEOR 99 PARK AVEN NEW YORK, N	UE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T/D () LEIB, DANIEL 111 SOUTH W/ CHICAGO, IL 6		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUZANNE BETTMAN S 04/06/2009

() Delete

PAPARELLA, WILLIAM

1200 LAKESIDE DRIVE

BANNOCKBURN, IL 60015

(X) Change () Addition

MAKI, CHRISTINE

CHICAGO, IL 60606

111 SOUTH WACKER DRIVE