## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7iP

SIGNATURE:

SIGNATURE AND TYPED OR

## Apr 23, 2007 8:00 am Secretary of State **DOCUMENT #808449** 1. Entity Name 04-23-2007 90058 039 \*\*\*150.00 THE STANDARD REGISTER COMPANY Principal Place of Business Mailing Address 600 ALBANY ST **600 ALBANY ST** P.O. BOX 1167 P.O. BOX 1167 DAYTON, OH 45401-1167 DAYTON, OH 45401-1167 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 31-0455440 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Chairman of Board Addition TITLE С **X** Delete TITLE ☐ Change GRANZOW, PAUL H. F Dourd Clarke NAME NAME 600 Albary STREET ADDRESS 600 ALBANY ST STREET ADDRESS CITY-ST-ZIP DAYTON, OH CITY - ST - ZIP **PCEO** Delete TITLE TITLE ☐ Change ☐ Addition NAME REDIKER, DENNIS NAME 600 ALBANY STREET STREET ADDRESS STREET ADDRESS CITY - ST - ZIP DAYTON, OH 45408 CITY-ST-ZIP VTS ☐ Delete ☐ Change ☐ Addition NAME BROWN, CRAIG J. STREET ADDRESS 600 ALBANY ST STREET ADDRESS DAYTON, OH CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TIT) F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Defete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

VPTress + CFO

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with or other like empowered.

FILED