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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 855511 (2)  
1. Corporation Name  
WALLACE COMPUTER SERVICES, INC.



Principal Place of Business  
2275 CABOT DR  
ATTN: TAX DEPT  
LISLE IL 60532-3630  
US

Mailing Address  
2275 CABOT DR  
ATTN: TAX DEPT  
LISLE IL 60532-3630  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2515832	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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	

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

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMITRIOU, T.(CHRMN.)	1.2 NAME	
STREET ADDRESS	2275 CABOT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUDIZIO, MICHAEL	2.2 NAME	
STREET ADDRESS	2275 CABOT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFIELD, MICHAEL O	3.2 NAME	
STREET ADDRESS	2275 CABOT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONIN, R. J.	4.2 NAME	
STREET ADDRESS	2275 CABOT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMITRIOU, THEODORE	5.2 NAME	
STREET ADDRESS	2275 CABOT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, R. F.	6.2 NAME	
STREET ADDRESS	2436 HANSENS MTN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MICHAEL T. LAUDIZIO

4-23-98

630-588-5360

CR2E034 (10/97)