

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90190 014 ***150.00

DOCUMENT # F00000007199



1. Entity Name
VERTIS, INC.

Principal Place of Business
**250 W PRATT STREET
18TH FLOOR
BALTIMORE MD 21201**

Mailing Address
**P.O. BOX 17102
BALTIMORE MD 21297**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3768322**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROLAND, DONALD E	
STREET ADDRESS	250 WEST PRATT STREET, 18TH FLOOR	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWARD, JOHN V	
STREET ADDRESS	250 WEST PRATT STREET, 18TH FLOOR	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURNETT, JAMES	
STREET ADDRESS	250 WEST PRATT STREET 18TH FLOOR	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ROSE	
STREET ADDRESS	250 W PRATT STREET	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	AV	<input type="checkbox"/> Delete
NAME	VANJICKEL, MYRON H	
STREET ADDRESS	250 WEST PRATT STREET 18TH FLOOR	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DURBIN, DEAN D	
STREET ADDRESS	250 WEST PRATT STREET 18TH FLOOR	
CITY-ST-ZIP	BALTIMORE MD 21201	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 all other like empowered.

SIGNATURE: Myron H. Vansickel **MYRON H. VANSICKEL** Myron H. Vansickel 410-528-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)