


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001440	
1. Entity Name VON HOFFMANN CORPORATION	

Principal Place of Business 1000 CAMERA AVENUE ST. LOUIS, MO 63126	Mailing Address 1000 CAMERA AVENUE ST. LOUIS, MO 63126
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-0633003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATHEWS, ROBERT S 1000 CAMERA AVENUE ST. LOUIS, MO 63126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BATCHELOR, CINDY A 1000 CAMERA AVENUE ST. LOUIS, MO 63126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURGSTAHLER, DAVID F 1000 CAMERA AVE. SAINT LOUIS, MO 63126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUELLA, JAMES A 11 MADISON AVENUE, 16TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior VP, CFO Wetzel, Gary C. 1000 Camera Avenue St. Louis, MO 63126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Layman, Hal 6465 Wynwood Place Montgomery, AL 36117

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01/14/04-80018-002 150.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/8/04	(314) 966-0909
	Date	Daytime Phone #