

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone : (850)878-5926

Fax Number

## REGISTERED AGENT CHANGE

## Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00

VON HOFFMANN CORPORATION

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COMPANIA PHING

BUMME ARRESTS PAIG

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P.02/02 PLU-91-2005 12:54 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delawate in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: VON HOFFMANN CORPORATION	
2. The principal office address: 1000 Camera Avenue, St. Louis MO 63126	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/22/02 Document number: F02000001440	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Corporation Service Company	· ·
1201 Hays Street	141
Tallahassee, FL 32301	·:
Taliahassee, FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	;
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	
(P.O. Box NOT acceptable) Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  CT Corporation System  By:  (Signature of an officer of rector)  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  (Signature of Registered Agent)  If signing on behalf of an entity:	
Michele Miller  Assistant Secretary	

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSER, FL 32314
CR2E045 (8/05)