


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

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90106 046 \*\*\*150.00

**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**

**10043355**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATHEWS, ROBERT S</b> <b>1000 CAMERA AVENUE</b> <b>ST. LOUIS MO 63126</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>MITCHELL, PETER C</b> <b>1000 CAMERA AVENUE</b> <b>ST. LOUIS MO 63126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BATCHELOR, CINDY A</b> <b>1000 CAMERA AVENUE</b> <b>ST. LOUIS MO 63126</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DEAN, THOMPSON</b> <b>11 MADISON AVENUE, 16TH FLOOR</b> <b>NEW YORK NY 10010</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURGSTHALER, DAVID F</b> <b>11 MADISON AVENUE, 16TH FLOOR</b> <b>NEW YORK NY 10010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUELLA, JAMES A</b> <b>11 MADISON AVENUE, 16TH FLOOR</b> <b>NEW YORK NY 10010</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Attached List of Officers and Directors</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Lev Ringwald* **LE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/03 (314) 966-0909**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

10043355  
#FB 2000001440



CORPORATE OFFICE: 314-966-0909  
1000 CAMERA AVENUE, ST. LOUIS, MO 63126-1019

**NAME AND ADDRESSES OF OFFICERS AND DIRECTORS**

<u>OFFICER /DIRECTOR</u>	<u>NAME</u>	<u>ADDRESS</u>
Chairman of the Board	Robert S. Christie	1000 Camera Avenue St. Louis, MO 63126
Chief Executive Officer And President	Robert S. Mathews	1000 Camera Avenue St. Louis, MO 63126
Chief Financial Officer And Treasurer	Gary C. Wetzel	1000 Camera Avenue St. Louis, MO 63126
Secretary	Cindy A. Batchelor	1000 Camera Avenue St. Louis, MO 63126
Assistant Secretary	Leo G. Ringwald	1000 Camera Avenue St. Louis, MO 63126
Assistant Secretary	Gary C. Wetzel	1000 Camera Avenue St. Louis, MO 63126
Director	David F. Burgstahler	1000 Camera Avenue St. Louis, MO 63126
Director	Robert S. Christie	1000 Camera Avenue St. Louis, MO 63126
Director	Harold E. Layman	1000 Camera Avenue St. Louis, MO 63126
Director	Robert S. Mathews	1000 Camera Avenue St. Louis, MO 63126
Director	James A. Quella	1000 Camera Avenue St. Louis, MO 63126