## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005114

Entity Name: BANTA DIRECT MARKETING INC.

FILED Apr 21, 2004 Secretary of State

The state of the s					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
PO BOX 8003 MENASHA, WI 549528003				225 MAIN ST. MENASHA, WI 549528003	
Current Mailing Address:			New Mailir	New Mailing Address:	
PO BOX 8003 MENASHA, WI 549528003					
FEI Number: 36-3921717 FEI Number Applied For ( ) FEI Num			Number Not Appli	mber Not Applicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND I				S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D BELCHER, DONA 17 BRIARCLIFF ( APPLETON, WI	LD D COURT	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BELCHER, DONALD D 15 LAWRENCE CT. APPLETON, WI 54911	
Title: Name: Address: City-St-Zip:	D () C STREETER, STE 2741 HOLIDAY C NEENAH, WI 549	PHANIE A OURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DS () D KNEEZEL, RONA 19 BRACKEN CO APPLETON, WI	LD D URT	Title: Name: Address: City-St-Zip:	VSD (X) Change ( ) Addition KNEEZEL, RONALD D 19 BRACKEN COURT APPLETON, WI 54911	
Title: Name: Address: City-St-Zip:	DP () D PANOZZO, LARR 6513 CHARLEST OAK FOREST, IL	NC	Title: Name: Address: City-St-Zip:	P/D (X) Change ( ) Addition CYZE, JAMES M 17040 WARBLER LANE ORLAND PARK, IL 60467	
Title: Name: Address: City-St-Zip:	AS () C OROZCO, RICAR 1436 NORFOLK WESTCHESTER,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	AT () C TOBIN, MICHAEL 425 BEAULIEU R NEENAH, WI 548	OAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F. TOBIN AT 04/21/2004

GEOFFREY J HIBNER, TREASURER 1120 CHRISTOPHER DR., #9 NEENAH, WI 54956