

2603 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0648982 AT

DOCUMENT # F02000005417
1. Entity Name
QUAD/GRAPHICS, INC.



FILED
03 DEC 22 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
W224 N3322 DUPLAINVILLE ROAD
PEWAUKEE WI 53072

Mailing Address
W224 N3322 DUPLAINVILLE ROAD
PEWAUKEE WI 53072



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

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

4. FEI Number **39-1152983**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O.-Box Number is Not Acceptable)
400024218534
12/29/03--01010--007 **200.00
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 *Barbara A Burke*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
BARBARA A. BURKE
DATE **12/19/03**

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

SPECIAL ASSISTANT SECRETARY

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	PD QUADRACCI, THOMAS A W224 N3322 DUPLAINVILLE ROAD PEWAUKEE WI 53072 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIEBE, DAVID K W224 N3322 DUPLAINVILLE ROAD PEWAUKEE WI 53072 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VON ESTORFF, ERIC R W224 N3322 DUPLAINVILLE ROAD PEWAUKEE-WI-53072 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, CARL L W224 N3322 DUPLAINVILLE ROAD PEWAUKEE WI 53072 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, ANTHONY W W224 N3322 DUPLAINVILLE ROAD PEWAUKEE WI 53072 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, RICHARD A W224 N3322 DUPLAINVILLE ROAD PEWAUKEE WI 53072 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Quadracci, Betty Ewens W224 N3322 Duplainville Road Pewaukee, WI 53072 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Teerlink, Richard W224 N3322 Duplainville Road Pewaukee, WI 53072 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Schiesl, Andrew R. W224 N3322 Duplainville Road Pewaukee, WI-53072 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Abraham, William J. W224 N3322 Duplainville Road Pewaukee, WI 53072 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Purtell, Irvin S. W224 N3322 Duplainville Road Pewaukee, WI 53072 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shiely, John S. W224 N3322 Duplainville Road Pewaukee, WI 53072 <input type="checkbox"/> Change <input checked="" 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: **SIGNATURE REQUIRED** 10/23/2003 (414) 566-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)