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November 13, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S) Quad/Graphics, Inc.		
Filing Evidence ⊠ Plain/Confirmatio	n Copy	Type of Document Certificate of Status
□ Certified Copy		☐ Certificate of Good Standing
	MEZE	TAMAY - Articles Only
Retrieval Reque		 All Charter Documents to Include Articles & Amendments Fictitious Name Certificate
□ · Certified Copy		□ Other
NEW FILINGS		AMENDMENTS
Profit		Amendment
Non Profit		Resignation of RA Officer/Director
Limited Liability		Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other - Conv		Merger
OTHER FILINGS	-	REGISTRATION/QUALIFICATION
Annual Reports	X	Foreign
Fictitious Name		Limited Liability
Name Reservation		Reinstatement
Reinstatement		Trademark
		Other

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

* ·	aphics, Inc.	
	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
шс., со., с	corp, me, co, or corp. y	
(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Wisconsir	٦	39-1152983
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
, July 9, 19	71 5.	Perpetual
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or retreetual)
). 		Eq. 7
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
N63 W230	75 Highway 74, Sussex, WI	Dr.
,1100 11200	(Principal office add	
N63 W230	075 Highway 74, Sussex, WI	53089
	(Current mailing add	
•		
·	ial printing sales	water to be asserted out in state of Clouds)
(Purpose(s) of corporation authorized in home state or co	unity to be carried out in state of Florida)
. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)
Name:	NRAI Services, Inc.	
Office Address:	2731 Executive Park Dr., S	te 4
		Florida 33331
	Weston	Florida 33331

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: FILED A. DIRECTORS Chairman: J. Joel Quadracci 2007 NOV 13 A II: 27 Address: N63 W23075 Highway 74 Sussex, WI 53089 Vice Chairman: ____ Address: William J. Abraham Jr. Address: N63 W23075 Highway 74 Sussex, WI 53089 Director: Betty Ewens Quadracci Address: N63 W23075 Highway 74 Sussex, WI 53089 **B. OFFICERS** President: J. Joel Quadracci Address: N63 W23075 Highway 74 Sussex, WI 53089 Vice President: John C. Fowler Address: N63 W23075 Highway 74 Sussex, WI 53089 Secretary: Andrew R. Schiesl Address: N63 W23075 Highway 74, Sussex, WI 53089 Treasurer: Kelly A. Vanderboom Address: N63 W23075 Highway 74, Sussex, WI 53089 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Andrew R. Schiesl, Secretary

(Typed or printed name and capacity of person signing application)

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

QUAD/GRAPHICS, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 9, 1971.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

> IN TESTIMONY WHEREOF, I have bereated set my hand and affixed the official seal of the

Department on November 12, 2007.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

46018-516B9CE2