


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000005593 1. Entity Name QUAD/GRAPHICS, INC.	
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Principal Place of Business N63 W23075 HWY 74 SUSSEX, WI 53089	Mailing Address N63 W23075 HWY 74 SUSSEX, WI 53089
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1152983	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331

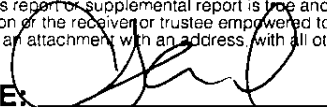
DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CP
NAME	QUADRACCI, J. JOEL
STREET ADDRESS	N63 W23075 HWY 74
CITY-ST-ZIP	SUSSEX, WI 53089
TITLE	D
NAME	ABRAHAM JR., WILLIAM J
STREET ADDRESS	N63 W23075 HWY 74
CITY-ST-ZIP	SUSSEX, WI 53089
TITLE	D
NAME	QUADRACCI, BETTY EWENS
STREET ADDRESS	N63 W23075 HWY 74
CITY-ST-ZIP	SUSSEX, WI 53089
TITLE	VP
NAME	FOWLER, JOHN C
STREET ADDRESS	N63 W23075 HWY 74
CITY-ST-ZIP	SUSSEX, WI 53089
TITLE	S
NAME	SCHIESL, ANDREW R
STREET ADDRESS	N63 W23075 HWY 74
CITY-ST-ZIP	SUSSEX, WI 53089
TITLE	T
NAME	VANDERBOOM, KELLY A
STREET ADDRESS	N63 W23075 HWY 74
CITY-ST-ZIP	SUSSEX, WI 53089

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Andrew R. Schiesl, Secretary	1-14-2008 414-566-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #