2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# F07000005593

Entity Name: QUAD/GRAPHICS, INC.

Current Principal Place of Business:

N63 W23075 HWY 74
SUSSEX, WI 53089

New Principal Place of Business:

Current Mailing Address:

N63 W23075 HWY 74
SUSSEX, WI 53089

New Mailing Address:

FEI Number: 39-1152983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: QUADRACCI, J. JOEL
Address: N63 W23075 HWY 74
City-St-Zip: SUSSEX, WI 53089

Title: D ( ) Delete
Name: ABRAHAM JR., WILLIAM J
Address: N63 W23075 HWY 74
City-St-Zip: SUSSEX, WI 53089

Title: D ( ) Delete
Name: QUADRACCI, BETTY EWENS
Address: N63 W23075 HWY 74
City-St-Zip: SUSSEX, WI 53089

Title: VP ( ) Delete
Name: FOWLER, JOHN C
Address: N63 W23075 HWY 74
City-St-Zip: SUSSEX, WI 53089

Title: S ( ) Delete
Name: SCHIESL, ANDREW R
Address: N63 W23075 HWY 74
City-St-Zip: SUSSEX, WI 53089

Title: T ( ) Delete
Name: VANDERBOOM, KELLY A
Address: N63 W23075 HWY 74
City-St-Zip: SUSSEX, WI 53089

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANDREW R. SCHIESL SEC 06/23/2009

Electronic Signature of Signing Officer or Director Date