FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:18

DOCUMENT # F94000000512 (3)

1. Corporation Name
PRINTED PRODUCTS GROUP, INC.

Principal Place of Business	Mailing Address
400 BLUE HILL DRIVE WESTWOOD MA 02090	400 BLUE HILL DRIVE WESTWOOD MA 02090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1902 Eisenhower Blvd.
22 Suite 300
23 Tampa, FL
24 33634 25 Country: USA

2a. Mailing Address
26 200 Lowder Brook Dr. Suite 2800
27 Suite, Apt #, etc
28 Westwood, MA
29 02090 30 Country: USA

4. FEI Number: 04-3217631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC	11 TITLE	☑ Change ☐ Addition
NAME	ROMER, GORDON J	12 NAME	
STREET ADDRESS	400 BLUE HILL DRIVE	13 STREET ADDRESS	200 Lowder Brook Dr, Suite 2800
CITY ST ZIP	WESTWOOD MA	14 CITY ST ZIP	Westwood, MA 02090
TITLE	S	21 TITLE	☑ Change ☐ Addition
NAME	SHEA, DAN	22 NAME	200 Lowder, Brook Dr, Suite 2800
STREET ADDRESS	400 BLUE HILL DRIVE	23 STREET ADDRESS	Westwood, MA 02090
CITY ST ZIP	WESTWOOD MA	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS III, ASA E	32 NAME	
STREET ADDRESS	225 FRANKLIN ST., WOOD, CLARKIN	33 STREET ADDRESS	
CITY ST ZIP	BOSTON MA	34 CITY ST ZIP	
TITLE	Director	41 TITLE	☐ Change ☐ Addition
NAME	Klaffky, Richard	42 NAME	
STREET ADDRESS	100 Pearl Str.	43 STREET ADDRESS	
CITY ST ZIP	Hartford, CT 06103	44 CITY ST ZIP	
TITLE	Director	51 TITLE	☐ Change ☐ Addition
NAME	Hoagland, John	52 NAME	
STREET ADDRESS	One International Place, Suite 825	53 STREET ADDRESS	
CITY ST ZIP	Boston, MA 02110	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/6/95 (617) 251-2927
SIGNATURE AND TYPED OR PRINTED NAME OF CLERK OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0483542 FN