FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F94000000512 (3)

1. Corporation Name
PRINTED PRODUCTS GROUP, INC.

Principal Place of Business
4902 EISENHOWER BLVD.
SUITE 300
TAMPA FL 33634
US

Mailing Address
200 LOWDER BROOK DR.
SUITE 2800
WESTWOOD MA 02090
US

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report: 06/19/1995
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	PTDC	☐ DELETE
NAME	ROMER, GORDON J	
STREET ADDRESS	200 LOWDER BROOK DR. SUITE 2800	
CITY-ST-ZIP	WESTWOOD MA	
TITLE	S	☐ DELETE
NAME	SHEA, DAN	
STREET ADDRESS	200 LOWDER BROOK DR. SUITE 2800	
CITY-ST-ZIP	WESTWOOD MA	
TITLE	AS	☐ DELETE
NAME	PHILLIPS III, ASA E	
STREET ADDRESS	225 FRANKLIN ST., WOOD, CLARKIN	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	☐ DELETE
NAME	KLAFFRY, RICHARD	
STREET ADDRESS	100 PEARL STR.	
CITY-ST-ZIP	HARTFORD CT	
TITLE	D	☐ DELETE
NAME	HOAGLAND, JOHN	
STREET ADDRESS	ONE INTERNATIONAL PLACE, SUITE 825	
CITY-ST-ZIP	BOSTON MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Dan Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/30/96 Daytime Phone #: (617) 251-2927