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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001814

1. Corporation Name
MAGNA GRAPHIC KENTUCKY, INC.

Principal Place of Business	Mailing Address
2528 PALUMBO DRIVE LEXINGTON KY 40509	340 PEMBERWICK RD GREENWICH CT 06831 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/14/1995

4. FEI Number
61-0524785
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORP SYSTEM
C/O CT CORP SYSTEM
1200 S PINE ISLAND RD
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 [signature] Jennifer R. Gidding, Asst. Sec. 4-29-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	11 TITLE	CEO & CHAIRMAN	[X] Change [ ] Addition
NAME	BURTON, ROBERT G		12 NAME	900002870449-- 3 -05/11/99--01010--012 ****150.00 ****150.00	
STREET ADDRESS	340 PEMBERWICK RD		13 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06831		14 CITY-ST-ZIP		
TITLE	VP	[ ] DELETE	21 TITLE	PRESIDENT	[X] Change [ ] Addition
NAME	REISCH, MARC L		22 NAME		
STREET ADDRESS	340 PEMBERWICK RD		23 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06831		24 CITY-ST-ZIP		
TITLE	VP	[ ] DELETE	31 TITLE	CHIEF LEGAL & ADMIN. OFFICER	[X] Change [ ] Addition
NAME	ADAMS, JENNIFER L		32 NAME		
STREET ADDRESS	340 PEMBERWICK RD		33 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06831		34 CITY-ST-ZIP		
TITLE	VPT	[ ] DELETE	41 TITLE	SVP, TREASURER	[X] Change [ ] Addition
NAME	QUINLAN, THOMAS		42 NAME		
STREET ADDRESS	340 PEMBERWICK RD		43 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06831		44 CITY-ST-ZIP		
TITLE	VPCF	[X] DELETE	51 TITLE	EVP, CFO	[ ] Change [X] Addition
NAME	HELFAND, MICHAEL D		52 NAME	ROBERT LEWIS	
STREET ADDRESS	340 PEMBERWICK RD		53 STREET ADDRESS	340 PEMBERWICK RD	
CITY-ST-ZIP	GREENWICH CT 06831		54 CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	VPT	[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME	BACON, KENNETH C		62 NAME		
STREET ADDRESS	340 PEMBERWICK RD		63 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06831		64 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.99
Date

203.532.4200
Daytime Phone #

[illegible] VPT