2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # F95000001814 1. Entity Name 05-15-2001 90064 008 ***150.00 QUEBECOR WORLD MAGNA GRAPHIC INC. Principal Place of Business Mailing Address 340 PEMBERWICK RD 2528 PALUMBO DRIVE EXINGTON KY 40509 **GREENWICH CT 06831** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 61-0524785 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORP SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORP SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 City Zip Code 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, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CEOP Addition TITLE ☐ Delete REISCH, MARC L NAME NAME 340 TEMBERWICK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06831** CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition REISCH, MARC L NAME NAME 340 PEMBERWICK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06831** SVP TITLE Delete TITLE ☐ Change Addition PAUL-CAROUSSO 340 Fembers wick Rd SALBAING, MICHEL P NAME NAME 340 PEMBROKERWICK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Greenwich, CT 06831 CITY-ST-7IP GREENWICH CT 06831 EXP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAUPE, CHRISTIAN M NAME NAME STREET ADDRESS 612 JACQUES WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONTREAL QUEBEC CA HE-C4MB TITI F TITI E ☐ Delete ☐ Change ☐ Addition NAME HLAVATY, MARIE D NAME STREET ADDRESS 340 PEMBERWICK STREET ADDRESS CITY-ST-ZIP GREENWICH CT 06831 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BACON, KENNETH C NAME STREET ADDRESS 340 PEMBERWICK RD STREET ADDRESS

SIGNATURE:

GREENWICH CT 06831

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Date

FILED

Daytime Phone #

CR2E034 (10/00)