2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9600000399 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name PHOENIX COLOR CORP. 09-18-2000 90037 014 ***550.00 Mailing Address Principal Place of Business 540 WESTERN MARYLAND PARKWAY 540 WESTERN MARYLAND PARKWAY HAGERSTOWN MD 21740 HAGERSTOWN MD 21740 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 22-2269911 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEOD ☐ Delete TITLE ☐ Change Addition TITLE LASORSA, LOUIS NAME 455 EAST BALTIMORE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENCASTLE PA 17225** ☐ Addition DSV Delete TITLE ☐ Change TITLE LIEBERMAN, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 4310 MOUNTVILLE DRIVE CITY-ST-ZIP CITY-ST-ZIP JEFFERSON MD 21755 ☐ Change X Addition X Delete TITLE VON DER LIETH, DION NAME NAME STREET ADDRESS 55 WYANDEMERE DRIVE STREET ADDRESS mountain Lakes CITY-ST-ZIP CITY-ST-ZIP **WOODCLIFF LAKE NJ 07675** ☐ Addition ☐ Change Delete TITLE TITLE CARBONE, JOHN NAME STREET ADDRESS 11416 EASTWOOD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HAGERTOWN MD 21742** WELLSCHLAGER, EAR LChange DAS Addition TITLE Delete TITLE NAME GOODMAN, ANDREW NAME 6225 Smith Avenue STREET ADDRESS STREET ADDRESS 208 BEVERLY ROAD Baltimore, MD 21209 CITY-ST-ZIP SCARSDALE NY 10583 CITY-ST-ZIP ☐ Change D Addition TITLE ☐ Delete TITLE **NEWELL, THOMAS** NAME STREET ADDRESS 1029 THE TERRACE STREET ADDRESS CITY-ST-ZIP **HAGERSTOWN MD 21742** CITY-ST-ZIP

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 supplied to the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or flustee empowered to execute his 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

301-733-0018

Daytime Phone #