

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000006760 (0)  
1. Corporation Name  
QUEBECOR PRINTING MEMPHIS II INC.



Principal Place of Business 7364 BALTIMORE & ANAPOLIS BLVD GLEN BURNIE MD 21061	Mailing Address 125 HIGH ST HIGH ST TOWER 23RD FL BOSTON MA 02110 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-2004117	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

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
		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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVEU, JEAN	1.2 NAME	
STREET ADDRESS	612 RUE ST.-JACQUES, MONTREAL	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVELL, CHARLES G	2.2 NAME	
STREET ADDRESS	612 RUE ST.-JACQUES, MONTREAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALBAING, MICHEL P	3.2 NAME	
STREET ADDRESS	612 RUE ST.-JACQUES, MONTREAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, JAMES A	4.2 NAME	
STREET ADDRESS	612 RUE ST.-JACQUES, MONTREAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECAVALIER, RAYNALD	5.2 NAME	
STREET ADDRESS	612 RUE ST.-JACQUES, MONTREAL	5.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMBLAY, CLAUDINE	6.2 NAME	
STREET ADDRESS	612 RUE ST.-JACQUES, MONTREAL	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8	6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ James A Dawson

CR2E034 (10/97)