May 05, 1999 8:00 am Secretary of State

05-05-1999 90065 015 ***150.00

Mailing Address

125 HIGH ST



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600006760

1. Corporation Name

Principal Place of Business

7364 BALTIMORE & ANAPOLIS BLVD

QUEBECOR PRINTING MEMPHIS II INC.

GLEN BURNIE MD 21061			HIGH ST TOWER 23RD FL				DO NOT WRITE IN THIS SPACE			
BOSTON MA 02110 US							3. Date Incorporated or Qualifed			
ļ		-	•				12/30/1996	ļ		
2. Principal Place of Business			2a. Mailing Address					ed For		
21			26				52-2004117 Not A	pplicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Add			
22			7				Fee Requ			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23							Trust Fund Contribution Added to Fees			
·	Zip Country Zip			· — ·			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24 25			30				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				8	1	Name				
C T CORPORATION SYSTEM								,,		
1200 SOUTH PINE ISLAND ROAD			82			Street A	t Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324										
]				8	1					
				8	4	City	FL 85 Zip Coo	le		
11. Pursuant t	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statutes	, the abo	ve-	-named	corporation submits this statement for the purpose of changing its reg	gistered		
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: R	egistered Ag	ent	signature re	required when reinstating) DATE			
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	C		X DELETE	1.1 TITLE			C, D, P	Addition		
NAME	NEVEU, JEAN			1.2 NAME	Ξ		Pierre Karl Peladeau	1		
STREET ADDRESS 612 RUE STJACQUES, MONTREAL				1.3 STRE	ET/	ADDRESS	612 St. Jacques	į		
CITY-ST-ZIP QUEBEC CANADA H3C 4M8				1.4 CITY-ST-ZIP		- ZIP	Montreal, OC H3C 4M8			
TITLE	VC		☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	CAVELL, CHARLES G			2.2 NAME	Ξ					
STREET ADDRESS	TREET ADDRESS 612 RUE ST. JACQUES, MONTREAL 2			2.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP	11 01 21			2.4 CITY	2. 4 CITY-ST-ZIP			16		
TITLE	VD		X DELETE	3 1 TITLE			V, T, D	X Addition		
NAME	SALBAING, MICHEL P			3.2 NAME	Ξ		William J. Glass			
THE PROPERTY OF THE PROPERTY O			3.3 STRE	3.3 STREET ADDRESS 1		125 High Street				
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8			3.4. CITY		-ZIP	Poston, MA 02110	T A LINE		
TITLE	Р		X] DELETE	4.1 TITLE			D Change	☐ Addition		
NAME	DAWSON, JAMES A		•	4. 2 NAM	E		David Boles	J		
STREET ADDRESS 612 RUE STJACQUES, MONTREAL			4.3 STREET ADDRESS		ADDRESS	125 High Street				
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8			4.4 CITY-		-ZIP	Boston, MA 02110	- A 1486		
TITLE	S		☐ DELETE	5.1 TITLE		Ì	☐ Change	Addition		
NAME (MONTEL, P			5.2 NAME						
STREET ADDRESS	612 RUE STJACQUES, MONT	REAL				ADDRESS				
CITY-ST-ZIP	QUEBEC CANADA H3C 4M8			5.4 CITY-		- ZIP		C Addition		
TITLE	AS		☐ DELETÉ	6.1 TITLE			☐ Change	Addition		
NAME	LECAVALIER, R			6.2 NAME						
STREET ADDRESS	612 RUE ST JACUEE, MONTRE	AL		6.3 STRE	ET.	ADDRESS		,		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

William G. Glass R. SIGNATURE AND TYPE CO. SECOND

617-346-7300 Daytime Phone #