

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006760

1. Entity Name

QUEBECOR WORLD MEMPHIS II INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90052 035 \*\*\*150.00

Principal Place of Business 337 S NORTHLAKE BLVD ALTAMONTE SPRINGS FL 32701	Mailing Address 340 PEMBERWICK ROAD GREENWICH CT 06831 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 52-2004117	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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 Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP PELADAU, PIERRE KARL 612 RUE ST-JACQUES, MONTREAL QUEBEC CANADA H3C 4M8 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CAVELL, CHARLES G 612 RUE ST-JACQUES, MONTREAL QUEBEC CANADA H3C 4M8 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID GLASS, WILLIAM J 125 HIGH ST BOSTON MA 02110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLES, DAVID 125 HIGH ST BOSTON MA 02110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTEL, P 612 RUE ST-JACQUES, MONTREAL QUEBEC CANADA H3C 4M8 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LECAVALIER, R 612 RUE ST JACQUEE, MONTREAL QUEBEC CA <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACID march. Reisch 340 Pemberwick Rd. Greenwich, CT 06831 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D Christian M. Paupe 612 St. Jacques Montreal, QC H3C 4M8 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D Marie D. Hlavaty 340 Pemberwick Rd Greenwich, CT 06831 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paul Carausso 340 Pemberwick Rd Greenwich, CT 06831 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP Denis Aubin Atedes Arsenaux 15 chailet 8 1700 Fribourg Suisse <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kenneth Bacon 340 Pemberwick Rd Greenwich, CT 06831 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-532-4200

CR2E034 (10/00)