2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000111

Entity Name: QUEBECOR WORLD (USA) INC.

FILED Apr 24, 2009 Secretary of State

Current Bringing Blace of Business			New Principal Place of Business:				
Current Principal Place of Business: New Principal Place of Business: 291 STATE STREET NORTH HAVEN, CT 06473							
Current Mailing Address:				New Mailing Address:			
CORPORATE SERVICES QUEBEC WORLD INC, 612 ST-JACQUES STREET MONTREAL, QUEBEC, CANADA, XX H3C4M8			CORPORATE SERVICES QUEBEC WORLD INC, 999 DE MAISONNEUVE W., SUITE 1100 MONTREAL, QUEBEC, CANADA, XX H3A3L4				
FEI Number:	El Number: 37-1167902 FEI Number Applied For () FEI Num		nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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: Electronic Signature of Registered Agent					 Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	PD () I	Delete VID DRIVE, STE. 400		Title: Name: Address: City-St-Zip:		e () Addition	
Title: Name: Address: City-St-Zip:	MALLETTE, JAC 612 RUE ST JAC			Title: Name: Address: City-St-Zip:	D (X) Chang MALLETTE, JACQUES 999 DE MAISONNEUV MONTREAL, QUEBEC,	E W., SUITE 1100	
Title: Name: Address: City-St-Zip:	CLARKE, KEVIN	JRBAN BOULEVARD		Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	VD () FRESCHI, BRIAN 5270 WEST 84T BLOOMINGTON	N H STREET, STE. 550		Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	VD () I GROSMAN, DOF 570 LEXINGTON NEW YORK, NY	AVENUE		Title: Name: Address: City-St-Zip:	ROBERTS, JEREMY 999 DE MAISONNEUV	e()Addition E W., SUITE 1100 , CANADA, XX H3A3L4	
Title: Name: Address: City-St-Zip:	CHLUMECKY, M 612 ST-JACQUE			Title: Name: Address: City-St-Zip:	CHLUMECKY, MARIE- 999 DE MAISONNEUV		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE-E. CHLUMECKY CS 04/24/2009