## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000003111

Entity Name: CINRAM, INC.

City-St-Zip:

RICHMOND, IN 47374

FILED Jan 08, 2008 Secretary of State

•	,				
Current Principal Place of Business:			New Principal Place of Business:		
1600 RICH RICHMON	HRD. ND, IN 47374				
Current Mailing Address:			New Mailing Address:		
9401 WILS	HOWARD Z. B SHIRE #900 HILLS, CA 90	•			
FEI Number	: 04-3087621	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:
1200 SOU PLANTAT The above		ND ROAD US	ourpose of changing i	ts registered	d office or registered agent, or both,
	e of Florida.				
SIGNATU		ic Signature of Registered Ag	ont		 Date
Election Ca		Trust Fund Contribution ( ).	ent		Date
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGE	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () RUBENSTEIN, 1600 RICH RD. RICHMOND, IN		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VSTD () RITCHIE, LEWI 1600 RICH RD. RICHMOND, IN		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	CFOD () ISON, ALLEN 1600 RICH RD. RICHMOND, IN	Delete 47374	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VPD ( ) WISHARD, TOM 1600 RICH RD. RICHMOND, IN		Title: Name: Address: City-St-Zip:	VPD WISHARD, T 1600 RICH F RICHMOND,	RD.
Title: Name: Address:	VPD () OVADIA, JAIME 1600 RICH RD	Delete	Title: Name: Address:		( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: HOWARD Z. BERMAN - ASSISTANT SECRETARY AS 01/08/2008