


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90228 001 ***600.00

DOCUMENT # F98000001910 1. Entity Name QUILL CORPORATION	
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Principal Place of Business 100 SCHELTER ROAD LINCOLNSHIRE, IL 60069	Mailing Address 500 STAPLES DR FRAMINGHAM, MA 01702
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DO NOT WRITE IN THIS SPACE



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2952904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

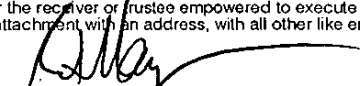
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORSE, LAWRENCE 100 SCHELTER ROAD LINCOLNSHIRE, IL 60069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC VASSALLUZZO, JOSEPH 500 STAPLES DR FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSV VAN WOERKOM, JACK A 500 STAPLES DR FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYERSON, ROBERT 500 STAPLES DR. FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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 #