2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# F99000000665

Entity Name: SOUTHERN GRAPHIC SYSTEMS, INC.

Current Principal Place of Business:

626 WEST MAIN STREET
SUITE 500
LOUISVILLE, KY 402024269 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 32640
LOUISVILLE, KY 40232

New Mailing Address:

FEI Number: 54-0676916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title:	PRES	( ) Delete
Name:	BAUGHMAN, HENRY R	
Address:	626 WEST MAIN STREET, SUITE 500	
City-St-Zip:	LOUISVILLE, KY 402024269 US	
Title:	EVP	( ) Delete
Name:	NACCARATO, LUCA C	
Address:	626 WEST MAIN STREET, SUITE 500	
City-St-Zip:	LOUISVILLE, KY 402024269 US	
Title:	CFO	( ) Delete
Name:	DAHMUS, JAMES	
Address:	626 WEST MAIN STREET, SUITE 500	
City-St-Zip:	LOUISVILLE, KY 402024269	
Title:	DIR	( ) Delete
Name:	HAMMOND, THOMAS L	
Address:	626 WEST MAIN STREET, SUITE 500	
City-St-Zip:	LOUISVILLE, KY 402024269	
Title:	DIR	( ) Delete
Name:	SILVESTRI, JOSEPH	
Address:	626 WEST MAIN STREET, SUITE 500	
City-St-Zip:	LOUISVILLE, KY 402024269	
Title:	DIR	( ) Delete
Name:	CIVANTOS, JOHN P	
Address:	626 WEST MAIN STREET, SUITE 500	
City-St-Zip:	LOUISVILLE,, KY 402024269	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BELINDA REIS TAX 04/03/2009
Electronic Signature of Signing Officer or Director — Date