

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004589

FILED
Feb 19, 2009
Secretary of State

Entity Name: GRAPHIC COMMUNICATIONS HOLDINGS, INC.

Current Principal Place of Business:

6600 GOVERNORS LAKE PARKWAY
NORCROSS, GA 30071 US

New Principal Place of Business:

Current Mailing Address:

6600 GOVERNORS LAKE PARKWAY
NORCROSS, GA 30071 US

New Mailing Address:

FEI Number: 33-0063298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: DRAGONE, ALLAN R
Address: 6600 GOVERNORS LAKE PARKWAY
City-St-Zip: NORCROSS, GA 30071

Title: PD () Delete
Name: DAWLEY, MATTHEW
Address: 4466 DARROW RD #21
City-St-Zip: STOW, OH 44224

Title: CFOS () Delete
Name: DRAKE, JOHN
Address: 16B JOURNEY
City-St-Zip: ALISO VIEJO, CA 92656

Title: AS () Delete
Name: HOLLADAY, KIMBERLY
Address: 6600 GOVERNORS LAKE PARKWAY
City-St-Zip: NORCROSS, GA 30071

Title: VPD () Delete
Name: JABLONSKI, ZYGMUNT
Address: 6600 GOVERNORS LAKE PARKWAY
City-St-Zip: NORCROSS, GA 30071

Title: TRES () Delete
Name: GLOVER, GORDON
Address: 6600 GOVERNORS LAKE PARKWAY
City-St-Zip: NORCROSS, GA 30071

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: VPD (X) Change () Addition
Name: JENNIFER, WILLIAMS
Address: 6600 GOVERNORS LAKE PARKWAY
City-St-Zip: NORCROSS, GA 30071

Title: TRES (X) Change () Addition
Name: JONATHAN, BURKHEAD
Address: 6600 GOVERNORS LAKE PARKWAY
City-St-Zip: NORCROSS, GA 30071

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: JENNIFER WILLIAMS

VPD

02/19/2009

Electronic Signature of Signing Officer or Director

Date