

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43371

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: IMAGE TECHNOLOGIES, INC.

## Current Principal Place of Business:

291 STATE ST.  
NORTH HAVEN, CT 06473 US

## New Principal Place of Business:

## Current Mailing Address:

CORPORATE SERVICES QUEBECOR WORLD INC.  
612 SAINT-JACQUES STREET  
MONTREAL, QC, CANADA, XX H3C3M8

## New Mailing Address:

FEI Number: 59-2994166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
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: VPD ( ) Delete  
Name: STEPUSIN, ROBERT  
Address: 1010 FOSTER AVENUE  
City-St-Zip: BENSENVILLE, IL 60106

Title: PD ( ) Delete  
Name: MCCARTHY, DAVID  
Address: 381 RIVERSIDE DRIVE, SUITE 400  
City-St-Zip: FRANKLIN, TN 37064

Title: CS ( ) Delete  
Name: CHLUMECKY, MARIE-É.  
Address: 612 SAINT-JACQUES STREET  
City-St-Zip: MONTREAL, QC, CANADA, XX H3C4M8

Title: EVPD ( ) Delete  
Name: MALLETTE, JACQUES  
Address: 612 RUE ST-JACQUES  
City-St-Zip: MONTREAL, QUEBEC CANADA, XX H3C4M8

Title: AS ( ) Delete  
Name: BERRY, MARCIA  
Address: 291 STATE STREET  
City-St-Zip: NORTH HAVEN, CT 06473

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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-É. CHLUMECKY

CS

03/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date