

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43371

FILED
May 01, 2008
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: AS (X) Change () Addition
Name: NORDEN, LAURA
Address: 291 STATE STREET
City-St-Zip: NORTH HAVEN, CT 06473

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: MARIE E. CHLUMECKY

CS

05/01/2008

Electronic Signature of Signing Officer or Director

Date