

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90130 009 ***150.00

DOCUMENT # L93000000100

1. Entity Name
QUEBECOR WORLD CENTRAL FLORIDA PRESS, L.C.



Principal Place of Business
4560 LB MCLEOD RD
ORLANDO, FL 32811

Mailing Address
340 PEMBERWICK RD
GREENWICH, CT 06831

24063492



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O QUEBECOR WORLD INC.

Suite, Apt. #, etc.

612 ST. JACQUES STREET

City & State

MONTREAL, QUEBEC

Zip

H3C4M8

Country

CANADA

04282004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

58-2262989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
REISCH, MARC L
340 PEMBERWICK ROAD
GREENWICH, CT 06831 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PAUPE, CHRISTIAN M
612 ST JACQUES WEST
MONTREAL QC CANADA, h3c4m8 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HLAVATY, MARIE
340 PEMBERWICK ROAD
GREENWICH, CT 06831 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CAROUSSO, PAUL
340 PEMBERWICK RD
GREENWICH, CT 06831 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
GAUREAU, CARL
340 PEMBERWICK ROAD
GREENWICH, CT 06831 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
AUBIN, DENIS
612 ST JACQUES
MONTREAL CA, h3c4m8 ☒ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
BOLES, DAVID
291 STATE STREET
NORTH HAVEN, CT 06473 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
HELIE, CLAUDE
612 RUE ST-JACQUES
MONTREAL, QUEBEC H3C4M8 CANADA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
LECAVALIER, RAYNALD
612 RUE ST-JACQUES
MONTREAL, QUEBEC H3C4M8 CANADA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STEPUSIN, ROBERT
291 STATE STREET
NORTH HAVEN, CT 06473 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T
ROBERTS, JEREMY
612 RUE ST-JACQUES
MONTREAL, QUEBEC H3C4M8 CANADA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MC CARTHY, DAVID
291 STATE STREET
NORTH HAVEN, CT 06473 ☐ Change ☒ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JEREMY ROBERTS 4/29/04 (514) 954-0101

Date Daytime Phone #

ATTACHMENT

24003492

Quebecor World Central Florida Press, L.C.
LIST OF OFFICERS

File #

(continued)

L93000000100

BUSINESS ADDRESS

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Assistant Secretary

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