2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9300000100

Entity Name: QUEBECOR WORLD ORLANDA, L.C.

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 291 STATE STREET NORTH HAVEN, CT 06473 **Current Mailing Address: New Mailing Address:** C/O QUEBECOR WORLD INC., CORP. SERVICES 612 ST-JACQUES STREET MONTREAL, QC, CANADA, XX H3C 4M8 FEI Number: 58-2262989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: VPD Title: () Change () Addition () Delete STEPUSIN, ROBERT Name: Name: 1010 FOSTER AVENUE Address: Address: City-St-Zip: BENSENVILLE, IL 60106 City-St-Zip: Title: **EXVP** () Delete Title: () Change () Addition MALLETTE, JACQUES Name: Name: Address: 612 ST JACQUES WEST Address: City-St-Zip: MONTREAL QC CANADA H3C 4M8, XX 00000 City-St-Zip: Title: () Delete Title: () Change () Addition CHLUMECKY, MARIE-E. Name: Name: Address: 612 RUE ST. JACQUES Address: City-St-Zip: MONTREAL, QC, CANADA H3C 4M8, XX 00000 City-St-Zip: Title: AS () Delete Title: () Change () Addition Name: BERRY, MARCIA Name: 291 STATE STREET Address: Address: City-St-Zip: NORTH HAVEN, CT 06473 City-St-Zip: Title: () Delete Title: () Change () Addition BOLDUC, MICHÈLE Name: Name: 612 RUE ST. JACQUES Address: Address: MONTREAL, QC, CANADA H3C 4M8, XX 00000 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MCCARTHY, DAVID Name: Name: Address: 381 RIVERSIDE DRIVE, SUITE 400 Address: FRANKLIN, TN 37064 City-St-Zip: 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 is true and accurate and that my electronic 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: MARIE-É. CHLUMECKY CS 03/29/2007