

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000100

FILED
May 01, 2008
Secretary of State

Entity Name: QUEBECOR WORLD ORLANDA, L.C.

Current Principal Place of Business:

291 STATE STREET
NORTH HAVEN, CT 06473

New Principal Place of Business:

Current Mailing Address:

C/O QUEBECOR WORLD INC., CORP. SERVICES
612 ST-JACQUES STREET
MONTREAL, QC, CANADA, XX H3C 4M8

New Mailing Address:

FEI Number: 58-2262989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 US

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:

Title: VPD () Delete
Name: STEPUSIN, ROBERT
Address: 1010 FOSTER AVENUE
City-St-Zip: BENSENVILLE, IL 60106

Title: EXVP () Delete
Name: MALLETTE, JACQUES
Address: 612 ST JACQUES WEST
City-St-Zip: MONTREAL QC CANADA H3C 4M8, XX 00000

Title: CS () Delete
Name: CHLUMECKY, MARIE-E.
Address: 612 RUE ST. JACQUES
City-St-Zip: MONTREAL, QC, CANADA H3C 4M8, XX 00000

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

Title: D () Delete
Name: BOLDUC, MICHÈLE
Address: 612 RUE ST. JACQUES
City-St-Zip: MONTREAL, QC, CANADA H3C 4M8, XX 00000

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

ADDITIONS/CHANGES:

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

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 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-E. CHLUMECKY

CS

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date