Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

ACCOUNT Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

FYELVELVERS SPARIZ PNIO:56

REGISTERED AGENT CHANGE

MERRILL COMMUNICATIONS LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508. Florida Statutes, the undersigned limited

liability company submits agent, or both, in the State	the following statem of Florida.	nent in order i	o change its regist	ered office or registe	sred	
I. The name of the limited	l liability company is	MERRILL CO	DMMUNICATIONS LL	c	·	
2. The mailing address of	the limited liability c	company is :				
One Merrill Circle	, Arth: Legal Der	t., St. Paul	L, MN 55108			
04/02/2004			M04000001361			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the register Florida Department of S		istered office a	idress as shown on	the records of the		
	C T Cor	poration Sys	stem		,s =	
		Name				
	1200 Sout	h Pine Islan	d Road			
		Address				
		cion, FL 333				
	City	r, space and exp				
6. The name and address of	f the new registered a	agent and/or of	fice:			
_	Corporatio	on Service Co	mpany			
		Name				
	1201	Hays Street				
	Florida street addres	ss (P.O. Box N	OT acceptable)			
_	Tallahassee	FL_	32301			
	City,	State and Zip				
If the limited liability components of the character the character the character the business office of the liability company, it is here the members of the limited the operating agreement of figurature of a member or althorized.	ange or changes are not registered agent we by confirmed that the liability company or the limited liability of representative of a member of the limited liability of the liability of	nads, the Floridill be identical e change(s) was as otherwise permany.	la street address of . Or, in the case of s/were authorized b	the registered office a Florida limited by an affirmative vote	of	
Maureen Cullen, Accorr (Printed or typed name of signee)	ied yn bect			mo -		
I hereby accept the appoint comply with the provisions and I am ignifiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	tment as registered a of all statues relative according to the obligation is being hat the limited liability	ngent and agree to the proper of my position filed to merely ity company ha	to act in this capa and complete perf and sessitered age reflect a change in s been nonfied in w			
(Signature of Registered Agent) Elizabeth A. Dawson ? Division	of Corporations, P.	ent O. Box 6327,	Tallahassee, FL 3	2314		
D(HS18(10/99)		NG FEE: \$25.0				