2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35718

FILED Apr 02, 2012 Secretary of State

Entity Name: AMERICAN INSTITUTE OF GRAPHIC ARTS, JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O PRINT RESOURCES 14951 WALDEN SPRINGS WAY,NO 508 JACKSONVILLE, FL 32258

Current Mailing Address: New Mailing Address:

C/O PRINT RESOURCES 14951 WALDEN SPRINGS WAY,NO 508 JACKSONVILLE, FL 32258

FEI Number: 59-2958942 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:

HOLCOMB, BRIAN P C/O PRINT RESOURCES 14951 WALDEN SPRINGS WAY,NO 508 JACKSONVILLE, FL 32258 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

OFFICERS AND DIRECTORS:

litie: I

Name: KURYCKI, KAREN

Address: C/O PRINT RESOURCES 14951 WALDEN SPRGS WAY

City-St-Zip: JACKSONVILLE, FL 32258

Title: VP

Name: CARTER, PATRICK

Address: C/O PRINT RESOURCES 14951 WALDEN SPRGS WAY

City-St-Zip: JACKSONVILLE, FL 32258

Title: S

Name: WARD, JIM

Address: C/O PRINT RESOURCES 14951 WALDEN SPRGS WAY

City-St-Zip: JACKSONVILLE, FL 32258

Title: T

Name: HOLCOMB, BRIAN P

Address: 14951 WALDEN SPRINGS WAY, NO 508

City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN P HOLCOMB T 04/02/2012