FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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1998 JAN 28 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15022

1. Corporation Name

Bowne of Atlanta, Inc.

Principal Place of Business
1570 Northside Drive
Atlanta, GA 30318

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
February 24, 1986

2. Principal Place of Business
21 1570 Northside Dr.
22 Suite, Apt. #, etc.
23 City & State: Atlanta, GA
24 Zip: 30318
25 Country: USA

2a. Mailing Address
26 1570 Northside Dr.
27 Suite, Apt. #, etc.
28 City & State: Atlanta, GA
29 Zip: 30318
30 Country: USA

4. FEI Number: 58-1665019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Robert M. Johnson		12 NAME	000002414810--8
STREET ADDRESS	c/o Bowne 345 Hudson Street		13 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10014		14 CITY-ST-ZIP	
TITLE	Director/President	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Reed Smith		22 NAME	
STREET ADDRESS	c/o Bowne 1570 Northside Dr.		23 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30318		24 CITY-ST-ZIP	
TITLE	Director/Vice President	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	James P. O'Neil		32 NAME	
STREET ADDRESS	c/o Bowne 345 Hudson Street		33 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10014		34 CITY-ST-ZIP	
TITLE	V.P., Operations	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Tommy M. Young		42 NAME	
STREET ADDRESS	c/o Bowne 1570 Northside Dr.		43 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30318		44 CITY-ST-ZIP	
TITLE	V.P., Finance/Controller	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	James A. Castilano		52 NAME	
STREET ADDRESS	c/o Bowne 1570 Northside Dr.		53 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30318		54 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	61 TITLE	☐ Change ☒ Addition
NAME	Douglas F. Bauer		62 NAME	
STREET ADDRESS	c/o Bowne 345 Hudson St.		63 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10014		64 CITY-ST-ZIP	

1/28/98

14. 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 annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas F Bauer Douglas F. Bauer 1/26/98 212-924-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)

(2)

CORPORATE Contact DEBORAH SCHRODER

CORPORATION SERVICE COMPANY
(Requestor's Name)

1201 Hays Street
(Address)

Tallahassee, FL 32301 (904) 222-9171
(City, State, Zip) (Phone #) Ext. 149

OFFICE USE ONLY

CIS Acct. # 4719600

CIS Order # 683077

AUTHORIZATION Patricia Pyatt #072100000032

$150.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Bowne of Atlanta, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

[XX] Walk in [ ] Pick up time _____ [ ] Certified Copy

[ ] Mail out [ ] Will wait [X] Photocopy [ ] Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
X	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark