2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State

DOCUMENT # P15622 1. Entity Name BOWNE OF ATLANTA, INC.						05-04-2007 90086 044 **				
Principal Place of Business Mailing Address						-				
1570 NORTH		55 WATER STREET								
ATLANTA, GA 30318 NEW YORK, NY 10041						*				
D. Driverical Disease of Duviness No. D.O. Day # 12 Mailing Address										
Principal Place of Business - No P.O. Box # 3. Mailing Address								8) 8(8() 838() 8,05) 8(8)/ 8(8)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04252007	Chg-P	CR2E034 (12/0	6)	
City & State		City & State				4. FEI Numbe 58-166			Applied For Not Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired	☐ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered Agent		
CORPORATION SERVICE COMPANY				Name	e					
1201 HAYS STREET TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)						
TALLARASSEE, FL 32301										
				City	FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.									ith, and accept	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						O May Be I to Fees				
10. OFFICERS AND DIRECTORS			11.				CHANGES TO OF	FICERS AND DIRECT	ORS IN 11	
TITLE	D&P	Delete	TITLE		0000	e Shea		☐ Chan	ge 🔀 Addition	
NAME STREET ADDRESS				ET ADDRESS	Bounes Co, Inc 55 Water ST					
CITY-ST-ZIP				- ST- ZIP	New York, NY 10041					
TITLE	VF&C	∑ Delete	TITLE		ا ۾	11 Pend	e C C	☐ Chan	ge 🖫 Addition	
NAME STREET ADDRESS	CASTILANO, JAMES A NAM 1570 NORTHSIDE DRIVE			E Et address	Bowne + Co, Inc 55 Water ST					
CITY-ST-ZIP	1			-ST-ZIP	New	York, A	14 100 VI			
TITLE	VP&S	☐ Delete	TITLE		C 1	D, VA+	۷	🔀 Chan	ge 🔲 Addition	
NAME STREET ADDRESS	SS BOWNE & CO. INC., 55 WATER STREET NAM STR				20172	er, Scutt	נ מנ בז שר	ther st		
				-ST-ZIP						
TITLE	D	⊠ Delete	TITLE		, P		chlenicz	☐ Chan	ge 🔀 Addition	
NAME	KUCERA, PHILIP E RESS BOWNE & CO. INC., 55 WATER STREET STREET				KO.	hert (1)	ichlewicz Inc 55 W	v. L - ST		
CITY-ST-ZIP					No	uned Co	MY 100	41		
TITLE	D Delete TiTLE				A	ssumat.	NY 100	☐ Chan	ge 🔲 Addition	
NAME						ctela Va	ldez			
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				<u>B</u> u	waster 2 len 40-b	Fac 55 W LY 1004	// //		
TITLE	T	☐ Delete	TITLE		 	-w 10° 1 ,		☐ Chan	ge 🔲 Addition	
NAME	COOTE, WILLIAM J		NAM							
STREET ADDRESS CITY-ST-2IP	BOWNE & CO. INC., 55 WATER NEW YORK, NY 10041 ,	STREET		ET ADDRESS -ST-ZIP						
	pertify that the information of populied with	this filing does not qualify for			ontained in	n Chanter 119	Florida Statutes	I further certify that the	ne information	

I hereby certify that the information applied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 occuproration or the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

WILLIAM COUTE 4/30/57 2/30.824-557

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR