FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:32

DOCUMENT # **P25603** **(2)**

1. Corporation Name
MAGNA-GRAPHIC/SOUTH, INC.

Principal Place of Business	Mailing Address
2528 PALUMBO DR. LEXINGTON KY 40509	2528 PALUMBO DR. LEXINGTON KY 40509

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/11/1989**
3a. Date of Last Report: **03/09/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **61-1164454** ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, CHARLES JR
542 PINE CREEK DRIVE
ORLANDO FL 32811

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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	VCD	11 TITLE		☐ Change ☐ Addition
NAME	ENGLE, KENNEDY	12 NAME		
STREET ADDRESS	2528 PALUMBO DR.	13 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	14 CITY ST ZIP		
TITLE	VSD	21 TITLE		☒ Change ☐ Addition
NAME	MORGAN, ORIN DELETE	22 NAME	DELETE	
STREET ADDRESS	2528 PALUMBO DR.	23 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	24 CITY-ST-ZIP		
TITLE	VTD	31 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, CHARLES D., JR	32 NAME		
STREET ADDRESS	2528 PALUMBO DR.	33 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	34 CITY-ST-ZIP		
TITLE	DC	41 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, CHARLES D.	42 NAME		
STREET ADDRESS	2528 PALUMBO DR.	43 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	44 CITY-ST-ZIP		
TITLE	VCD	51 TITLE		☐ Change ☐ Addition
NAME	ENGLE, KENNEDY	52 NAME		
STREET ADDRESS	2528 PALUMBO DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	54 CITY-ST-ZIP		
TITLE	VICE PRESIDENT & CONTROLLER	61 TITLE		☐ Change ☒ Addition
NAME	CHARLES W. HOLT III	62 NAME		
STREET ADDRESS	2528 PALUMBO DR.	63 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY. 40509	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 X in Block.

SIGNATURE: Charles W. Holt III V.P. & Treasurer 4/20/95 606/268/4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478320 FP