

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36638** (5)

1. Corporation Name

JOSTENS PHOTOGRAPHY, INC.



Principal Place of Business

Mailing Address

**5501 NORMAN CENTER DRIVE
 MINNEAPOLIS MN 55437**

**999 PICTURE PARKWAY
 WEBSTER NY 14580**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

Signature (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ROBERT C. BUHRMASTER	
STREET ADDRESS	5501 NORMAN CENTER DR.	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	RAUTIO, TRUDY	
STREET ADDRESS	5501 NORMAN CENTER DR.	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	FISHER, ORVILLE E JR.	
STREET ADDRESS	5501 NORMAN CENTER DR.	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MCGRATH, LEE V	
STREET ADDRESS	5501 NORMAN CENTER DR.	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BEUTNER, BRIAN K	
STREET ADDRESS	5501 NORMAN CENTER DR.	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	GOUDE-OLSON, JENNIFER	
STREET ADDRESS	5501 NORMAN CENTER DR.	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

See attached changes

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee U. M. Smith

7-1-96

612-830-3300

CR2E034 (3/96)

P 36638

2-2

JOSTENS PHOTOGRAPHY, INC.
OFFICERS AND DIRECTORS

NAME	TITLE	BUSINESS ADDRESS
<u>OFFICERS</u>		
Robert C. Buhrmaster	President	5501 Norman Center Drive Minneapolis, MN 55437
Jack Thornton	Senior Vice President	5501 Norman Center Drive Minneapolis, MN 55437
Orville E. Fisher, Jr.	Vice President and Secretary	5501 Norman Center Drive Minneapolis, MN 55437
Lee U. McGrath	Treasurer	5501 Norman Center Drive Minneapolis, MN 55437
<u>DIRECTORS</u>		
Robert C. Buhrmaster	Director	5501 Norman Center Drive Minneapolis, MN 55437
Orville E. Fisher, Jr.	Director	5501 Norman Center Drive Minneapolis, MN 55437
Jack Thornton	Director	5501 Norman Center Drive Minneapolis, MN 55437