

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

FILED

97 AUG -8 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

①

**DOCUMENT #**  
1. Corporation Name

P36638

**JOSTENS PHOTOGRAPHY, INC.**

Principal Place of Business  
**999 Picture Parkway  
Webster, NY 14580**

Mailing Address  
**999 Picture Parkway  
Webster, NY 14580**

3. Date Incorporated or Qualified  
**12/09/1991**

3a. Date of Last Report

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

4. FEI Number  
**95-2577648**

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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE  
NAME **President & Director**  
STREET ADDRESS **Robert C. Buhrmaster**  
CITY-ST-ZIP **5501 Norman Center Drive**  
**Minneapolis, MN 55437**

TITLE ☐ DELETE  
NAME **S. Vice President & Director**  
STREET ADDRESS **Orville E. Fisher, Jr.**  
CITY-ST-ZIP **5501 Norman Center Drive**  
**Minneapolis, MN 55437**

TITLE ☐ DELETE  
NAME **Vice President & Treasurer**  
STREET ADDRESS **Lee U. McGrath**  
CITY-ST-ZIP **5501 Norman Center Drive**  
**Minneapolis, MN 55437**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **300002265923--6**  
1.3 STREET ADDRESS **-08/13/97--01079--006**  
1.4 CITY-ST-ZIP **\*\*\*\*165.00 \*\*\*\*165.00**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

**Lee U. McGrath** Lee U. McGrath 7-29-97 612-830-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

JOSTENS INC.

5501 Norman Center Drive  
Minneapolis, MN 55437

2

August 1, 1997

Division of Corporations  
Attn: Annual Reports  
P.O. Box 6327  
Tallahassee, FL 32314

Annual Reports Section:

Based on a conversation I had last week with a representative who works with the Annual Reports section, Jostens, Inc. and Jostens Photography did not receive the first 1997 Profit Corporation Annual Report Packet. However, we did receive a second notice for Jostens, Inc. and took immediate action to reconcile the filing.

I have sent a payment for Jostens, Inc., however, the payment for Jostens Photography was delayed since we did not receive any Annual Report Packet. I had to make a request for Jostens Photography via your hot line number. Enclosed you will find a payment for Jostens Photography for \$165.00 along with a statement saying that Jostens Photography did not receive the first annual report packet.

If you have any questions, please feel free to call me at 612-830-3268. Thank you for your help in this matter.

Sincerely,

*Christina Heymans*

Christina Heymans  
Tax Administrator