

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36638 (5)
 1. Corporation Name
JOSTENS PHOTOGRAPHY, INC.



Principal Place of Business 999 PICTURE PARKWAY WEBSTER NY 14580	Mailing Address 999 PICTURE PARKWAY WEBSTER NY 14580
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1991	
21. Suite, Apt #, etc.	22. City & State	25. Suite, Apt #, etc.	26. City & State	4. FEI Number 95-2577648	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Zip		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHRMASTER, ROBERT C	1.2 NAME	
STREET ADDRESS	5501 NORMAN CENTER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	1.4 CITY-ST-ZIP	
TITLE	SVPD	2.1 TITLE	VICE PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, ORVILLE E JR	2.2 NAME	WILLIAM I. PRIESMEYER
STREET ADDRESS	5501 NORMAN CENTER DR.	2.3 STREET ADDRESS	5501 NORMAN CENTER DRIVE
CITY-ST-ZIP	MINNEAPOLIS MN 55437	2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55437
TITLE	VPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, LEE U	3.2 NAME	
STREET ADDRESS	5501 NORMAN CENTER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Lee U. McGrath* *Lee U. McGrath* 4/28/98 612-830-3300

CR2E004 (10/97)