

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39122** (7)

1. Corporation Name
QUEBECOR PRINTING (USA) CORP.



Principal Place of Business Mailing Address
**125 HIGH STREET
HIGH ST. TOWER, 23RD FL
BOSTON MA 02110
US**

3. Date Incorporated or Qualified **06/04/1992** 3a. Date of Last Report **05/22/1995**
4. FEI Number **06-1247571** 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

2. Principal Place of Business 21 **no change** 2a. Mailing Address 26 **no change**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name **N/A**
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 _____ Date _____
Signature typed or printed in block of registered agent and initial of state. Name of Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	DAWSON, JAMES A	
STREET ADDRESS	83 STONEHENGE DR	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAQUETTE, GUY J.	
STREET ADDRESS	4031 MARLOWE AVE.	
CITY-ST-ZIP	MONTREAL QC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POULIN, DANIEL	
STREET ADDRESS	14 PLACE MAILLY	
CITY-ST-ZIP	VILLE LORRAINE, CAN	
TITLE	CCD	<input type="checkbox"/> DELETE
NAME	NEVEU, JEAN	
STREET ADDRESS	710 VICTORIA STREET	
CITY-ST-ZIP	LONGUEUIL, QC, CANADA	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CAVELL, CHARLES G.	
STREET ADDRESS	3995 MONTROSE AVE.	
CITY-ST-ZIP	WESTMOUNT, QC, CANADA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POIRIER, PIERRE	
STREET ADDRESS	612 ST. JACQUES	
CITY-ST-ZIP	MONTREAL QC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dawson, James A.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	600001817896	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-05/13/96--01018--027	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Pierre Poirier	
6.3 STREET ADDRESS	231 Stanstead Street	
6.4 CITY-ST-ZIP	Ville Mont-Royal, Qc	

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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached report with an address.

SIGNATURE: **Guy J. Paquette** 04/22/96 (514) 954-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)