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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P39122 QUEBECOR PRINTING (USA) CORP.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90065 014 ***150.00

Principal Place	e of Business	Mailing Address			t immitabl imm titte teret timim trate timi	Billit Statt Billit Gifert &	tätt äratt taat	
125 HIGH STREET 125 HIGH STREET HIGH ST. TOWER. 23RD FL HIGH ST. TOWER. 23RD FL BOSTON MA 02110 BOSTON MA 02110						DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 06/04/1992			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26		_	06-1247571		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27				Fee Re	<u> </u>	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible		
24	25	29 3	<u> </u>		Personal Property Tax.	☐ Yes	Ϫ _{No}	
	9. Name and Address of Curre	nt Registered Agent		_ 	10. Name and Address of New Regist	ered Agent		
C T	CORPORATION SYSTEM		81	Name				
	SOUTH PINE ISLAND ROAD		82	Street	Address (P.O. Box Number is Not Acceptable)			
PLAN	NTATION FL 33324		83					
			84	City		F1 85 Zip C	Code	
	607.00	20 + COZ 4 EOO Elevido Statutos	the chou	n named	corporation submits this statement for the purpo	• - _	registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	norized by	the corpo	pration's board of directors. I hereby accept the	appointment as rec	gistered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Ager	nt signature r	equired when reinstating)	ATE .	——	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	PCO	⊠ DELETE	1.1 TITLE		CFO .	🔀 Change	☐ Addition	
NAME	DAWSON, JAMES A		1.2 NAME		Christian Paupe			
STREET ADDRESS	83 STONEHENGE DR		1.3 STREET	ADDRESS .	612 St. Jacques			
CITY-ST-ZIP	NEW CANAAN CT		1.4 CITY-S	T-ZIP	Montreal, QC H3C 4M8	Change	Addition	
TITLE	TED	☐ DELETE	2.1 TITLE			Change	[_] MOORION	
NAME	PELADEAU, PIERRE KARL	-	2.2 NAME					
STREET ADDRESS	114 AVE CHARLES DE GAULL	.E	2.3 STREE					
CITY-ST-ZIP	PARIS FR	X DELETE	2.4 CITY-5 3.1 TITLE	ST- ZIP	V,T,D	[X] Change	☐ Addition	
TITLE	T DCOUZA M	D OLLETE	3.2 NAME		William J. Glass	L 3	_	
NAME	DSOUZA, M 612 ST JACQUES			ADDRESS	125 High Street			
STREET ADDRESS	MONTREAL QC		3.4. CITY-5		Boston, MA 02110			
CITY-ST-ZIP	CCD	X DELETE	4.1 TITLE) 1- <u>211</u>	S,V	☐ Change	Addition	
NAME	NEVEU, JEAN		4.2 NAME		Philippe Montel			
	612 ST JACQUES		i -	T ADDRESS	can = -			
STREET ADDRESS	MONTREAL OC		4.4 CITY-S		Montreal, QC H3C 4M8			
CITY-ST-ZIP TITLE	VCD	☐ DELETE	5.1 TITLE	1-20	TRAILEZCELLY QC 115C 415	☐ Change	Addition	
NAME	CAVELL, CHARLES G.		5.2 NAME					
STREET ADDRESS;	3995 MONTROSE AVE.		5.3 STREE	TADDRESS				
CITY-ST-ZIP	WESTMOUNT,QC,CANADA		5.4 CITY-S	T-ZIP				
TITLE	D	□ DELETE	6.1 TITLE		D	Change	X Addition	
NAME	PELADEAU, ERIK		6.2 NAME		David R. Coates			
STREET ADDRESS	612 ST JACQUES		6.3 STREET	TADDRESS	125 High Street		,	

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, with all other like empowered.

SIGNATURE:

William J. Glass