

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90104 044 \*\*\*150.00

DOCUMENT # P39122

1. Entity Name  
Quebecor Printing (USA) Corp.

Principal Place of Business

Mailing Address

2. Principal Place of Business  
340 Pemberwick Road  
Suite, Apt. #, etc.

3. Mailing Address  
340 Pemberwick Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Greenwich, CT  
Zip  
06831

Country  
USA

City & State  
Greenwich, CT  
Zip  
06831

Country  
USA

4. FEI Number  
06-1247571

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc L. Reisch	
STREET ADDRESS	340 Pemberwick Road	
CITY-ST-ZIP	Greenwich, CT 06831	
TITLE	EVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christian M. Paupe	
STREET ADDRESS	612 St. Jacques	
CITY-ST-ZIP	Montreal, QC H3C 4M8	
TITLE	SVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michel P. Salbaing	
STREET ADDRESS	340 Pemberwick Road	
CITY-ST-ZIP	Greenwich, CT 06831	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark D'Souza	
STREET ADDRESS	612 St. Jacques	
CITY-ST-ZIP	Montreal, QC H3C 4M8	
TITLE	S/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie D. Hlavaty	
STREET ADDRESS	340 Pemberwick Road	
CITY-ST-ZIP	Greenwich, CT 06831	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Bacon	
STREET ADDRESS	340 Pemberwick Road	
CITY-ST-ZIP	Greenwich, CT 06831	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHEL SALBAING 4/27/00

Date

Daytime Phone #

CR2E034 (9/99)

203-532-4200