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 # P94000090800 (1)

1. Corporation Name

PRINT AMERICA DIRECT, INC.

400001839484
-05/24/96--01110--051
***200.00

Principal Place of Business	Mailing Address
13000 Sawgrass Village Circle Suite 23 Ponte Vedra Beach, FL 32082	1220 Valley Forge Rd. PO Box 911 Valley Forge, PA 19481

2. Principal Place of Business	2a. Mailing Address
21 13000 Sawgrass Village Circle	26 1220 Valley Forge Rd.
Suite, Apt. #, etc. 22 Suite 23	Suite, Apt. #, etc. 27 PO Box 911
City & State 23 Ponte Vedra Beach, FL	City & State 28 Valley Forge, PA
Zip 24 32082	Country 25 JAINS.
	Zip 29 19481
	Country 30 Chester

3. Date Incorporated or Qualified: 12/14/94
3a. Date of Last Report: 3/31/95
4. FEI Number: 59-3282905 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number)
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 name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☒ Addition	C Thomas R. McClure 410 Rosewood Lane Malvern, PA 19355
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☒ Addition	P J. Paul Rowe 529 Waxflea Lane Berwyn, PA 19312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☒ Addition	T/S Cynthia A. McClure 410 Rosewood Lane Malvern, PA 19355
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☒ Addition	V Joseph Mustilli 920 Brooke Road Exton, PA 19341
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition	

Sept 96
JR

CR2E034 (12/95)

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 attachment with an address.

SIGNATURE: Joseph Mustilli JOSEPH MUSTILLI 4/30/96 610-933-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #