

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001361

Entity Name: MERRILL COMMUNICATIONS LLC**Current Principal Place of Business:**ONE MERRILL CIRCLE
ST. PAUL, MN 55108**Current Mailing Address:**ONE MERRILL CIRCLE
ATTN: LEGAL DEPT.
ST. PAUL, MN 55108**FEI Number:** 41-2007271**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MGR
Name WILEY, JAMES R
Address ONE MERRILL CIRCLE
City-State-Zip: ST. PAUL MN 55108

Title MGR
Name FREDELL, THOMAS
Address ONE MERRILL CIRCLE
City-State-Zip: ST. PAUL MN 55108

Title MGR
Name DONNELLY, THOMAS
Address ONE MERRILL CIRCLE
City-State-Zip: ST. PAUL MN 55108

Title MGR
Name VALE, BRENDA J
Address ONE MERRILL CIRCLE
City-State-Zip: ST. PAUL MN 55108

Title MGR
Name GROSS, ROY
Address 1345 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105

Title MANAGER
Name MILLER, KATHERINE
Address ONE MERRILL CIRCLE
City-State-Zip: ST. PAUL MN 55108

Title MANAGER
Name JOHNSON, RODNEY
Address ONE MERRILL CIRCLE
City-State-Zip: ST. PAUL MN 55108

Title MANAGER
Name BILCIK, LISA
Address ONE MERRILL CIRCLE
City-State-Zip: ST. PAUL MN 55108

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA BILCIK**CHIEF LEGAL OFFICER,
GENERAL COUNSEL AND
SECRETARY****04/05/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name SMULAND, BRADLEY
Address ONE MERRILL CIRCLE
City-State-Zip: ST. PAUL MN 55108

Title MANAGER
Name ALBRIGHT, TODD
Address 1345 AVE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105

Title MANAGER
Name SCOTT, ALAN
Address 1345 AVE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105