

**2018 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  
ST. PAUL, MN 55108 US**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 M.  
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 ONE MERRILL CIRCLE  
City-State-Zip: ST. PAUL MN 55108

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

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*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 M. BILCIK**MANAGER****01/17/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

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

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