

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 342015

FILED
Aug 04, 2009
Secretary of State

Entity Name: KAR PRINTING, INC.

Current Principal Place of Business:

7990 SECOND FLAGS DRIVE
AUSTELL, GA 30168

New Principal Place of Business:

Current Mailing Address:

7990 SECOND FLAGS DRIVE
AUSTELL, GA 30168

New Mailing Address:

FEI Number: 59-1298858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, SCOTT
4526 POST AVENUE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOS () Delete
Name: MCCLOSKEY, THOMAS
Address: 7990 SECOND FLAGS DRIVE
City-St-Zip: AUSTELL, GA 30168

Title: P () Delete
Name: LEVY, SCOTT
Address: 4526 POST AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MCCLOSKEY

CEOS

08/04/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date