2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000219

Entity Name: BIC GRAPHIC USA MANUFACTURING CO., INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Block of Business				Now Principal Place of Rusiness		
Current Principal Place of Business: New Principal Place of Business: 14421 MYERLAKE CIRCLE CLEARWATER, FL 33760						
Current Mailing Address:				New Mailing Address:		
500 BIC DRIVE MILFORD, CT 06460			ONE BIC WAY SUITE 1 SHELTON, CT 06484 US			
FEI Number: 06-1558423 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO						TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:		Delete SE CIRCLE		Title: Name: Address: City-St-Zip:		Change () Addition
Title: Name: Address: City-St-Zip:	VPTD () [DUPREE, DORO 500 BIC DRIVE MILFORD, CT 0			Title: Name: Address: City-St-Zip:	VPF (X) GRANER, DAW 14421 MYERLA CLEARWATER	AKE CIRCLE
Title: Name: Address: City-St-Zip:	VPSD () [KELLEHER, THO 500 BIC DRIVE MILFORD, CT 0			Title: Name: Address: City-St-Zip:	VPSD (X) KELLEHER, TH ONE BIC WAY, SHELTON, CT	SUITE 1
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Title: Name: Address: City-St-Zip:	VPM () [HARMAN, WAYN 14421 MYERLAK CLEARWATER, I	(E CIRCLE		Title: Name: Address: City-St-Zip:	AS (X) CHADWICK, CH ONE BIC WAY, SHELTON, CT	SUITE 1
Title: Name: Address: City-St-Zip:	AS (X) I CHADWICK, CHE 500 BIC DRIVE MILFORD, CT 0			Title: Name: Address: City-St-Zip:	()	Change ()Addition

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 M. KELLEHER VPSD 04/21/2008