

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93593 048 \*\*\*150.00

**DOCUMENT # P30634**  
1. Entity Name  
**QUEBECOR WORLD LANMAN COMPANIES INC.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>37 SKY LINE DR.</b>	3. Mailing Address <b>C/O QUEBECOR WORLD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>340 PEMBERWICK RD</b>

DO NOT WRITE IN THIS SPACE

City & State <b>LAKE MARY, FL</b>	City & State <b>GREENWICH, CT</b>	4. FEI Number <b>52-1531951</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32746</b>	Country <b>US</b>	Zip <b>06831</b>	Country <b>US</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>CT-CORPORATION</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. PINE ISLAND RD</b>
City <b>PLANTATION</b>
State <b>FL</b>
Zip Code <b>33324</b>

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE <b>PRESIDENT/CEO</b>	NAME <b>MARC L. REISCH</b>	STREET ADDRESS <b>340 PEMBERWICK RD</b>	CITY - ST - ZIP <b>GREENWICH, CT 06831</b>
TITLE <b>EXECUTIVE VICE PRESIDENT</b>	NAME <b>CHRISTIAN M. PAUPE</b>	STREET ADDRESS <b>612 ST. JACQUES WEST</b>	CITY - ST - ZIP <b>MONTREAL, QC CANADA H3C4M8</b>
TITLE <b>SECRETARY/GENERAL COUNSEL</b>	NAME <b>MARIE D. HLAVATY</b>	STREET ADDRESS <b>340 PEMBERWICK RD</b>	CITY - ST - ZIP <b>GREENWICH, CT 06831</b>
TITLE <b>SVP OF FINANCE</b>	NAME <b>CARL GAUVREAU</b>	STREET ADDRESS <b>340 PEMBERWICK RD</b>	CITY - ST - ZIP <b>GREENWICH, CT 06831</b>
TITLE <b>VICE PRESIDENT, CONTROLLER</b>	NAME <b>PAUL CAROUSSO</b>	STREET ADDRESS <b>340 PEMBERWICK RD</b>	CITY - ST - ZIP <b>GREENWICH, CT 06831</b>
TITLE <b>VP AND TREASURER</b>	NAME <b>DENTS AUBIN</b>	STREET ADDRESS <b>612 St. Jacques</b>	CITY - ST - ZIP <b>Montreal, Q.A. H3C4M8</b>

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl Gauvreau* **CARL GAUVREAU** 4/29/02 **203-532-4200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)