



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|-------------|---|---------------------|------------------|--------------|
| 1. Corporate ID No. 000141629 | | 2. Name of Corporation Cardinal Brands, Inc. | | | |
| 3. Street Address Principal Business Office c/o RR Donnelley, 111 South Wacker Dr | | | City Chicago | State IL | Zip 60606 |
| 4. Business Phone No. 312-326-8000 | | 5. State of Incorporation Nevada | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island distribution of office products | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name William Paparella | | Vice President Name | | | |
| Street Address 111 South Wacker Drive | | Street Address | | | |
| City Chicago | State IL | Zip 60606 | City | State | Zip |
| Secretary Name Suzanne S. Bettman | | Treasurer Name Daniel Leib | | | |
| Street Address 111 South Wacker Drive | | Street Address 111 South Wacker Drive | | | |
| City Chicago | State IL | Zip 60606 | City Chicago | State IL | Zip 60606 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name William Paparella | | Director Name | | | |
| Street Address 111 South Wacker Drive | | Street Address | | | |
| City Chicago | State IL | Zip 60606 | City | State | Zip |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | |
| | | Number of Shares 250000 | Class/Series cwp | Par Value .10 | |
| | | THIS SECTION MUST BE COMPLETED | | | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: JUN 07 2011

Check No. 145915 1:16

By: SV

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Maureen Kopp Date: 5/23/11

Print or Type Name: Maureen Kopp

Assistant Secretary

Title