

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 2011
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. 0003103 45	2. Name of Corporation BOWNE GCOM2 SOLUTIONS, INC.				
3. Street Address Principal Business Office C/O RR DONNELLEY, 111 S. WACKER DRIVE			CHICAGO	State L	^{χφ} 60606
4 Business Phone No 5 State of Incorporate 312-326-8000 DELAWARE		5 State of Incorporation DELAWARE			· • · · · · · · · · · · · · · · · · · ·
6. Brief Description of the Character of DIGITAL COMMUNICATION		oode Island		9,74	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name ERIKA CRAVEN			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name SCOTT SPITZER		
Street Address 55 WATER STREET			Street Address 55 WATER STREET		
NEW YORK	State NY	Ζιρ 10041	City NEW YORK	State NY	<i>zip</i> 10041
Secretary Name MAUREEN KOPP, ASST. SEC.			Treasurer Name BRYAN BERNDT		
Street Address 111 S. WACKER DRIVE			Street Address 55 WATER STREET		
CHICAGO	State L	<i>хү</i> р 60606	City NEW YORK	State NY	<i>Ζφ</i> 10041
8. NAMES AND ADDRESSES Director Name WILLIAM PENDERS	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) THILLINS Officetor Name DAVID J. SHEA	PACES BEFORE USING A	TTACHMENTS
Street Address 55 WATER STREET			Street Address 55 WATER STREET		
City NEW YORK Director Name	State NY	<i>Ζφ</i> 10041	City NEW YORK	State NY	19941 SP R
SCOTT SPITZER			Director Name		
Street Address 55 WATER STREET			Street Address		PA VE
NEW YORK	State NY	^{Ζίρ} 1 004 1	City·	State	15: EN
9. SHARES AUTHORIZED	on \$001 p	ar value	10. SHARES ISSUED (* ISSUED SHARES — THIS SECTION	X" BOX FOR ATTACHME ON MUST BE COMPLETED	ENT)
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.			Number of Shares	Class/Series	Par Value
			1,000	Common	\$0.01
This report must be executed on this report must be executed on	on behalf of the corpor	ration by an authorized	d representative. If the corp	oration is in the hands of	a receiver or trustee.

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
i	contained herein are true and correct.
File Date FILED	10/10/2011
	Signature () Date
1CT 1 1 2011	MAUREEN KOPP
By:	Print or Type Name
FOR SECRETARY OF STATE WATER AND A STATE WATER A STATE WATER AND A STATE WATER A STATE WAT	ASSISTANT SECRETARY
	Title Form 630 Rev. 08/08
,	1 Orni 0.50 ACV, 06/06