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| 1.) CORPORATION NAME: THE BOOK ARTS PRESS, INC. | DUE DATE: 11/30/2014 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: J. BARRETT JONES 917 East Jefferson Street Charlottesville, VA | SCC ID NO: 03837572 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 400103
114 ALDERMAN LIBRARY

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22904

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|---|-------------------------------------|---------|--------------------------|----------|
| NAME: MICHAEL F SUAREZ, S. J. | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: PO BOX 400103 114 ALDERMAN LIBRARY CHARLOTTESVILLE, VA 22904 | | | | |

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|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JOAN FRIEDMAN | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: MEADOWS END, 101 MEADOW DR URBANA, IL 61801-5822 | | | | |

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|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: ROBERT A GROSS | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE CHAIR | | | | |
| ADDRESS: 92 KRIVANEC RD WILLINGTON, CT 06279-1510 | | | | |

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|---|-------------------------------------|---------|--------------------------|----------|
| NAME: GIOVANNI FAURETTI | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 430 WEST 44TH STREET NEW YORK, NY 10036 | | | | |

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|---|-------------------------------------|---------|--------------------------|----------|
| NAME: ALICE D SCHREYER | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: CHAIR | | | | |
| ADDRESS: 2440 NORTH LAKEVIEW CHICAGO, IL 60614 | | | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

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| /s/ MICHAEL F SUAREZ, S. J. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | MICHAEL F SUAREZ, S. J., PRESIDENT PRINTED NAME AND CORPORATE TITLE | 12/1/2014 DATE |
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.