

1.) CORPORATION NAME:

BANTA CORPORATION

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0331001**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O RR DONNELLEY, LEGAL DEPT
111 SOUTH WACKER DR

CITY/ST/ZIP: CHICAGO, IL 60606

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN BRANSTAD	
TITLE:	VICE PRESIDENT	
ADDRESS:	111 SOUTH WACKER DRIVE	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS CARROLL	
TITLE:	VICE PRESIDENT	
ADDRESS:	111 SOUTH WACKER DRIVE	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MAUREEN KOPP	
TITLE:	ASST SEC	
ADDRESS:	111 SOUTH WACKER DR	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JANET HELPIN	
TITLE:	TREASURER	
ADDRESS:	111 SOUTH WACKER DR	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUZANNE BETTMAN	
TITLE:	SECRETARY	
ADDRESS:	111 S WACKER DR	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DREW COXHEAD	
TITLE:	CONTROLLER	
ADDRESS:	111 SOUTH WACKER DRIVE	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

NAME: DANIEL LEIB TITLE: CFO ADDRESS: 111 SOUTH WACKER DRIVE CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JENNIFER REINERS TITLE: ASST SECRETARY ADDRESS: 111 SOUTH WACKER DRIVE CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CHRISTINE MAKI TITLE: DIRECTOR ADDRESS: 111 SOUTH WACKER DRIVE CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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.		
/s/ SUZANNE BETTMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUZANNE BETTMAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/12/2014 DATE
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.		