

1.) CORPORATION NAME:

WIKOFF COLOR CORP. OF S.C.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BENJAMIN T WOOD
4131 SARELLEN ROAD
RICHMOND, VA 23231-8039**

SCC ID NO: **F0582884**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

SC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1886 MERRITT RD

CITY/ST/ZIP: FORT MILL, SC 29715

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.

<p>NAME: GEOFFREY A. PETERS TITLE: PRESIDENT ADDRESS: 1886 MERRITT ROAD CITY/ST/ZIP/CO: FORT MILL, SC 29715</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DARYL P COLLINS TITLE: VP MARKETING ADDRESS: 1886 MERRITT ROAD CITY/ST/ZIP/CO: FORT MILL, SC 29715</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARION B RORIE TITLE: VP/T ADDRESS: 1886 MERRITT RD CITY/ST/ZIP/CO: FORT MILL, SC 29715</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN BRUCE STAPLETON TITLE: SECRETARY ADDRESS: 1886 MERRITT RD CITY/ST/ZIP/CO: FORT MILL, SC 29715</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PATRICK J. BURNS TITLE: DIRECTOR ADDRESS: 2810 ST. REGIS ROAD CITY/ST/ZIP/CO: GREENSBORO, NC 27408</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: VEDA F CLARK TITLE: DIRECTOR ADDRESS: 369 HATHERLY RD CITY/ST/ZIP/CO: SEITUATE, MA 02066</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PHILIP L LAMBERT TITLE: DIRECTOR ADDRESS: 1886 MERRITT RD CITY/ST/ZIP/CO: FORT MILL, SC 29715	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HARVEY L. LOWD TITLE: DIRECTOR ADDRESS: 4233 LUPTON CT. CITY/ST/ZIP/CO: HIGH POINT, NC 27262	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Karl J. Warnke TITLE: DIRECTOR ADDRESS: 1500 North Mantua Street CITY/ST/ZIP/CO: Kent, OH 44240	<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/ JOHN BRUCE STAPLETON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN BRUCE STAPLETON, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/19/2012 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.		