

LLC-12

21-G63523

FILED

In the office of the Secretary of State of the State of California

DEC 22, 2021

 $\label{local_local_local_local} \textbf{IMPORTANT} \ -- \ \text{Read instructions before completing this form.}$

Filing Fee - \$20.00

Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

Certification Fee - \$5.00 plus copy fees				This Space For Office Use Only				
1. Limited Liability Company	Name (Enter the exact name of the	ELLC. If you re	egistered in Califor					
VALASSIS MANUFACTU	JRING COMPANY, LLC							
2. 12-Digit Secretary of State File Number		3. State, Foreign Country or Place of Organization (only if formed outside of California)						
2021159	DELAW	VARE						
4. Business Addresses		•						
a. Street Address of Principal Office - D		City (no abbreviations)			State	Zip Code		
15955 La Cantera Parkway			San Antonio			TX	78256	
b. Mailing Address of LLC, if different t		City (no abbreviations)			State	Zip Code		
15955 La Cantera Parkway			San Antonio			TX	78256	
c. Street Address of California Office, if Item 4a is not in California - Do not list		st a P.O. Box	City (no abbreviations)			State CA	Zip Code	
5. Manager(s) or Member(s) If no managers have been appointed or elected, provide the name and address of each member. At least one name <u>and</u> address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).								
a. First Name, if an individual - Do not complete Item 5b			Middle Name	Middle Name Last Name				Suffix
b. Entity Name - Do not complete Item 9 Valassis Communications			l		L			1
c. Address 15955 LaCantera Pkwy			City (no abbreviations) San Antonio			State TX	Zip Code 78256	
6. Service of Process (Must pr	rovide either Individual OR Corporati	ion.)				1		
, ,	6a and 6b only. Must include agent	•	nd California street	address				
a. California Agent's First Name (if agent is not a corporation)			Middle Name		Last Name			Suffix
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b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box			City (no abbreviations)			State CA	Zip C	ode
CORPORATION – Complete Ite	em 6c only. Only include the name of	of the registere	ed agent Corporation	on.			1	
c. California Registered Corporate Ager	nt's Name (if agent is a corporation) – E	Do not complete	Item 6a or 6b					
C T CORPORATION	SYSTEM (C0168406)						
7. Type of Business								
a. Describe the type of business or serving Marketing Services	vices of the Limited Liability Company							
8. Chief Executive Officer, if e	elected or appointed							
a. First Name Steve			Middle Name	iddle Name Last Name Albright				Suffix
b. Address 15955 La Cantera Parkway			City (no abbreviations) San Antonio			State TX	Zip Ci 782	ode 56
9. The Information contained	-	nents, is true	<u> </u>				1	
12/22/2021 M. Kim Shah			,	Assistant Corporate Secretary				
Date Type or Print Name of Person Completing the Form				Title	Signature			
Return Address (Optional) (For person or company and the mailing ad						ment ent	ter the r	name of a
Name:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7		- ,			

Company:
Address:
City/State/Zip: