

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90083 035 \*\*\*150.00

**DOCUMENT # F94000003853**

1. Entity Name  
**CORPORATE EXPRESS DOCUMENT & PRINT MANAGEMENT, I**

Principal Place of Business  
**4205 S. 96TH ST.**  
**OMAHA NE 68127**

Mailing Address  
**4205 S. 96TH ST.**  
**OMAHA NE 68127**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**1 ENVIRONMENTAL WAY**

Suite, Apt. #, etc.

**TAX DEPARTMENT**

City & State

City & State  
**BROOMFIELD, Co**

Zip

Country

Zip  
**80021-3416**

Country

4. FEI Number **47-0445942**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPD**  Delete  
 NAME **KEARNS, WALTER J**  
 STREET ADDRESS **4205 S. 96TH ST.**  
 CITY-ST-ZIP **OMAHA NE**

TITLE **PRESIDENT**  Change  Addition  
 NAME **ROBERT L. KING**  
 STREET ADDRESS **1 ENVIRONMENTAL WAY**  
 CITY-ST-ZIP **BROOMFIELD, Co 80021-3416**

TITLE **VP**  Delete  
 NAME **THOMAS, A R**  
 STREET ADDRESS **4205 S 92 ST**  
 CITY-ST-ZIP **OMAHA NE 68127**

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **GORDON GLOVER**  
 STREET ADDRESS **1 ENVIRONMENTAL WAY**  
 CITY-ST-ZIP **BROOMFIELD, Co 80021-3416**

TITLE **V**  Delete  
 NAME **CAUDLE, MORRIS W**  
 STREET ADDRESS **4205 S. 96TH ST.**  
 CITY-ST-ZIP **OMAHA NE 68127**

TITLE **TREASURER**  Change  Addition  
 NAME **JOHN T. SKINNER**  
 STREET ADDRESS **1 ENVIRONMENTAL WAY**  
 CITY-ST-ZIP **BROOMFIELD, Co 80021-3416**

TITLE **VP**  Delete  
 NAME **EGAN, RICH**  
 STREET ADDRESS **4205 S. 96TH ST.**  
 CITY-ST-ZIP **OMAHA NE 38127**

TITLE **SECRETARY**  Change  Addition  
 NAME **THOMAS F. CULLEN**  
 STREET ADDRESS **1 ENVIRONMENTAL WAY**  
 CITY-ST-ZIP **BROOMFIELD, Co 80021-3416**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIRECTOR**  Change  Addition  
 NAME **ROBERT L. KING**  
 STREET ADDRESS **1 ENVIRONMENTAL WAY**  
 CITY-ST-ZIP **BROOMFIELD, Co 80021-3416**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/16/01 Daytime Phone # 303-664-2000

CR2E034 (10/00)