
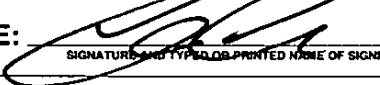


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90333 048 \*\*\*150.00

<b>DOCUMENT # F94000003853</b> 1. Entity Name CORPORATE EXPRESS DOCUMENT & PRINT MANAGEMENT, INC.			
Principal Place of Business 4205 S. 96TH ST. OMAHA, NE 68127		Mailing Address 1 ENVIRONMENTAL WAY. TAX DEPARTMENT BROOMFIELD, CO 80021-3146	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 47-0445942		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input checked="" type="checkbox"/> Delete NAME HOFFMAN, MARK S STREET ADDRESS 1 ENVIRONMENTAL WAY CITY-ST-ZIP BROOMFIELD, CO 800213416	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DIRECTOR NAME MARK S. HOFFMAN STREET ADDRESS 1 ENVIRONMENTAL WAY CITY-ST-ZIP BROOMFIELD, CO 80021-3416		
TITLE VP <input type="checkbox"/> Delete NAME GLOVOR, GORDON STREET ADDRESS 1 ENVIRONMENTAL WAY CITY-ST-ZIP BROOMFIELD, CO 800213416	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PRESIDENT NAME MIKE CATE STREET ADDRESS 4205 SOUTH 96TH STREET CITY-ST-ZIP OMAHA, NE 68127		
TITLE T <input type="checkbox"/> Delete NAME WILSON, NAN STREET ADDRESS 1 ENVIRONMENTAL WAY CITY-ST-ZIP BROOMFIELD, CO 800213416	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S <input type="checkbox"/> Delete NAME CULLEN, THOMAS F STREET ADDRESS 1 ENVIRONMENTAL WAY CITY-ST-ZIP BROOMFIELD, CO 800213416	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME BRENHOLT, JOHN STREET ADDRESS 1 ENVIRONMENTAL WAY CITY-ST-ZIP BROOMFIELD, CO 800213416	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		GORDON GLOVER 4-15-2005 303-664-2000 Signature, typed or printed name of signing officer or director Date Daytime Phone #	

**50038053**



03292005 Chg-P CR2E034 (10/03)