F94802

ARTICLES OF MERGER
Merger Sheet

MERGING:

KINKO'S COPIES OF FLORIDA, INC., a Florida corporation, F94802

KINKO'S OF ORLANDO, INC., a Florida corporation, K07522

KINKO'S OF SOUTHWESTERN FLORIDA, INC., a Florida corporation, L26065

INTO

KINKO'S NEW MASTER CORPORATION, a Delaware corporation, F96000006175

File date: December 31, 1996

Corporate Specialist: Darlene Connell

G07578

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued or else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name W. D. Childers EIN or SS#: 264-42-0538

Address 5901 Memphis Avenue

Pensacola, Florida 32526

Amount 225.00 Date Paid 6-19-96 #G07578

Reason for claim Paid Corp. Fee for W. D. Childers Travel Agency, Inc on 6-3-96. Then I was sent delinquent notice + told to send in again. Dept. Phd for payment

Certified true and correct this 25th day of July, 1996.

Signature W. D. Childers (President, W. D. Childers Travel Agency, Inc.

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Please see attachments

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund* $ 225.00.

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 01043 1032 *dated* 07/01/96.

Name of Account _____

45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

45202130001453000000022002000

Certified true and correct this _____ *day of* _____, 19__.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)

CR2E060(6/95)