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FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F960000006175**
 1. Corporation Name
KINKO'S, INC.

Principal Place of Business Mailing Address
255 W. STANLEY AVE. VENTURA, CA 93002
C/O: STATE TAX RESOURCES GROUP 18006 SKYPARK CIRCLE, #201 IRVINE, CA 92614

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified **1/23/90** 3a. Date of Last Report
 4. FEI Number **97-0433330** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
520 E. PARK AVENUE
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	Chief Executive Officer <input type="checkbox"/> DELETE
NAME	Donald J. Gogel
STREET ADDRESS	255 W. Stanley Ave.
CITY-ST-ZIP	Ventura, CA 93002
TITLE	Vice-President General Counsel & Secretary <input type="checkbox"/> DELETE
NAME	Stuart B. Blake
STREET ADDRESS	1014 Via Los Padres
CITY-ST-ZIP	Santa Barbara, CA 93111
TITLE	Vice President Finance <input type="checkbox"/> DELETE
NAME	Robert Grielow
STREET ADDRESS	1621 Via Barcelona
CITY-ST-ZIP	Palos Verdes, CA 90274
TITLE	Board of Director <input type="checkbox"/> DELETE
NAME	Andrall E. Pearson
STREET ADDRESS	c/o STRG, 18006 Skypark Circle #201
CITY-ST-ZIP	Irvine, CA 92614 N/A
TITLE	Board of Director <input type="checkbox"/> DELETE
NAME	Brad Krause
STREET ADDRESS	c/o STRG, 18006 Skypark Circle #201
CITY-ST-ZIP	Irvine, CA 92614 N/A
TITLE	Board of Director <input type="checkbox"/> DELETE
NAME	Dana Jennings
STREET ADDRESS	c/o STRG, 18006 Skypark Circle #201
CITY-ST-ZIP	Irvine, CA 92614 N/A

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X [Signature]** DATE: **X 4/2/97** DISTRICT PHONE #: **X 805 612 4700**

CR2E034 (9/96)