

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90013 031 ***158.75

DOCUMENT # F96000006175



1. Entity Name
KINKO'S, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Kinko's, Inc. - Tax Dept. Suite, Apt. #, etc. P.O. Box 8015
 City & State: Ventura, CA

4. FEI Number: 77-0433330
 Applied For: Not Applicable

Zip: 93002-8015 Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	
TITLE: PCEO NAME: HARDIN, JOSEPH S J STREET ADDRESS: 255 W. STANLEY AVE. CITY-ST-ZIP: VENTURA CA 93002	<input checked="" type="checkbox"/> Delete
TITLE: CFO NAME: NUSSBAUM, BENNETT STREET ADDRESS: 255 W STANLEY AVE CITY-ST-ZIP: VENTURA CA 93002	<input type="checkbox"/> Delete
TITLE: VPPF NAME: STEWART, NEIL STREET ADDRESS: 255 W STANLEY AVE CITY-ST-ZIP: VENTURA CA 93002	<input checked="" type="checkbox"/> Delete
TITLE: GCAS NAME: MUDRAKE, LISA STREET ADDRESS: 255 W STANLEY AVE CITY-ST-ZIP: VENTURA CA 93002	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: KRAUSE, BRADLEY W STREET ADDRESS: C/O STRG, 18006 SKYPARK CIR., #201 CITY-ST-ZIP: IRVINE CA 92614	<input type="checkbox"/> Delete
TITLE: TVP NAME: PUND, MARY STREET ADDRESS: 255 W STANLEY AVE CITY-ST-ZIP: VENTURA CA 93002	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PCEO NAME: Tamke, George STREET ADDRESS: 255 W. Stanley Ave. CITY-ST-ZIP: Ventura, CA 93002-8000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPC NAME: Jeffrey E. Moxie STREET ADDRESS: 255 W. Stanley Ave. CITY-ST-ZIP: Ventura, CA 93002-8000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPS NAME: Cornell, James H STREET ADDRESS: 255 W. Stanley Ave. CITY-ST-ZIP: Ventura, CA 93002-8000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TVP NAME: Bramman, Anne STREET ADDRESS: 255 W. Stanley Ave. CITY-ST-ZIP: Ventura, CA 93002-8000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeffrey E. Moxie Date: 4-26-01 (800) 652-4000

CFR2E034 (10/00)



Attachment
A007320cl.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 17, 2001

KINKO'S, INC.
KINKO'S INC TAX DEPT
PO BOX 8015
VENTURA, CA 93002-8015 US

Subject: **KINKO'S, INC.**

Reference
Number:

F96000006175

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/pr
ANNUAL REPORTS SECTION