

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90214 004 ***150.00

DOCUMENT # P02215 1. Entity Name UNITED STATIONERS SUPPLY CO.					
Principal Place of Business 2200 E. GOLF ROAD DES PLAINES, IL 60016-8267			Mailing Address 2200 E. GOLF ROAD DES PLAINES, IL 60016-8267		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-2431718	
				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 SOUTH 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FAHEY, JAMES K		NAME		
STREET ADDRESS	2200 E GOLF ROAD		STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES, IL 60016		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GOCHNAUER, RICHARD		NAME		
STREET ADDRESS	2200 E GOLF RD		STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES, IL 60016		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HAMPTON, MARK J		NAME		
STREET ADDRESS	2200 E. GOLF RD.		STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES, IL 60016		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DVORAK, KATHLEEN S		NAME		
STREET ADDRESS	2200 E GOLF ROAD		STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES, IL 60016		CITY-ST-ZIP		
TITLE	VTS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COOPER, BRIAN S		NAME		
STREET ADDRESS	2200 E GOLF RD		STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES, IL 60016		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SLOAN, JOHN		NAME		
STREET ADDRESS	2200 E. GOLF RD.		STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES, IL 60016		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Brian S. Cooper</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			BRIAN S. COOPER SR. VP. + TREASURER 4/25/06 (847) 699-5000 Date Daytime Phone #		