## **2003 FOR PROFIT CORPORATION**

## May 05, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02215 DOCUMENT # 05-05-2003 90356 046 \*\*\*150.00 1. Entity Name UNITED STATIONERS SUPPLY CO. Principal Place of Business Mailing Address 11037045 2200 E. GOLF ROAD 2200 E. GOLF ROAD DES PLAINES IL 60016-8267 DES PLAINES IL 60016-8267 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 36-2431718 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. - Addition TITLE ☐ Delete TITLE Change NAME GOLD. DEIDRA NAME 2200 E. GOLF RD. STREET ADDRESS STREET ADDRESS DES PLAINES IL 60016 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE FOCHNAUER, RICHARD W. Change NAME LARRIMORE, RANDALL W NAME 2200 E. GOLF RD. 2200 E GOLF RD STREET ADDRESS STREET ADDRESS DES PLAINES, IL 600/6 CITY-ST-ZIP DES PLAINES IL 60016 CITY-ST-ZIP HAMPTON, MARK J. 2200 E. GOLF ROAD Change Addition TITLE Delete TITLE CAPPAERT, STEVEN M NAME NAME STREET ADDRESS STREET ADDRESS 2200 E. GOLF RD. DES PLAINES, IL 60016 CITY-ST-ZIP CITY-ST-7IP DES PLAINES IL 60016 TITLE ☐ Delete TITI F ☐ Addition NAME DVORAK, KATHLEEN S NAME STREET ADDRESS STREET ADDRESS 2200 E GOLF ROAD CITY-ST-ZIP DES PLAINES IL 60016 CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME COOPER, BRIAN S NAME STREET ADDRESS 2200 E GOLF RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL 60016 TITLE ☐ Delete TITLE Change Addition

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. SR VP +

NAME

STREET ADDRESS

CITY-ST-ZIP

sloan, John

2200 E. GOLF RD.

DES PLAINES IL 60016

NAME

STREET ADDRESS