2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am Secretary of State DOCUMENT # **P93000065228** GRAPHICS IV PRINTING EQUIPMENT & SUPPLY, INC. 03-16-2001 90061 039 ***158.75 Principal Place of Business Mailing Address 2311-A MERCATOR DRIVE 2311-A MERCATOR DRIVE ORLANDO FL 32807 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2992454 Not Applicable 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 HERSHISER, DONALD R Street Address (P.O. Box Number is Not Acceptable) 2311-A MERCATOR DRIVE ORLANDO FL 32807 Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Change Addition TITLE TITLE HERSHISER, DONALD R NAME STREET ADDRESS 2466 HUNTINGDALE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Change ☐ Addition TITLE Delete TITLE HERSHISER, THERESA J NAME NAME STREET ADDRESS 2466 HUNTINGDALE LANE STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change BEAMER, ROBERT G NAME NAME STREET ADDRESS 1321 CARPENTER BRANCH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OVIEDO FL 32765 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa J. Hershiser

Daytime Phone #

FILED