**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **833504** **(4)**

1. Corporation Name

**IDEA COURIER INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 1515 W. 14TH ST.<br>P.O. BOX 29039<br>PHOENIX AZ 85038 | 1515 W. 14TH ST.<br>P.O. BOX 29039<br>PHOENIX AZ 85038 |

3. Date Incorporated or Qualified: **12/18/1976**
3a. Date of Last Report: **02/03/1995**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2121 E. MAGNOLIA | 26 2121 E. MAGNOLIA |
| 22 Suite, Apt. #, etc. P.O. Box 29039 | 27 Suite, Apt. #, etc. P.O. Box 29039 |
| 23 City & State PHOENIX AZ | 28 City & State PHOENIX AZ |
| 24 Zip 85038 25 Country USA | 29 Zip 85038 30 Country USA |

4. FEI Number: **86-0218854** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 of New Registered Agent (required if changed) Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PTD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GUPTA, GAUTAM | 1.2 NAME | |
| STREET ADDRESS | 396 GREAT MEADOWS RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CONCORD MA 01742 | 1.4 CITY-ST-ZIP | |
| TITLE | ASD ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HUNTER, DAVID | 2.2 NAME | |
| STREET ADDRESS | 153 CAMBRIDGE STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINCHESTE MA 01890 | 2.4 CITY-ST-ZIP | |
| TITLE | SD ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PAGE, DAVID | 3.2 NAME | |
| STREET ADDRESS | SEVEN UNIVERSITY LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MANCHESTER MA 01944 | 3.4 CITY-ST-ZIP | |
| TITLE | AS ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHULMAN, DONALD | 4.2 NAME | |
| STREET ADDRESS | 221 BEACON ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOSTON MA | 4.4 CITY-ST-ZIP | |
| TITLE | AS ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEVINE, WILLIAM | 5.2 NAME | |
| STREET ADDRESS | 51 BERESFORD ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESTNUT HILL MA | 5.4 CITY-ST-ZIP | |
| TITLE | VP ☒ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | MAROHN, WILLIAM | 6.2 NAME | |
| STREET ADDRESS | 491 AUTUMN LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CARLISLE MA | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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:** DAVID PAGE VP 1/25/96 (602) 393-1759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #