

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90051 025 ***158.75

DOCUMENT # F96000006175

1. Entity Name
KINKO'S, INC.

Principal Place of Business
255 W. STANLEY AVE.
VENTURA CA 93002

Mailing Address
KINKOS INC-TAX DEPT
PO BOX 8015
VENTURA CA 93008-8015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Three Galleria Tower, 13155 Noel Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 1600

City & State
Dallas, TX

City & State

4. FEI Number
77-0433330

Applied For
 Not Applicable

Zip
75240

Country
USA

Zip

Country

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 ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	TARNKE, GEORGE	
STREET ADDRESS	255 W. STANLEY AVE.	
CITY-ST-ZIP	VENTURA CA 93002	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	NUSSBAUM, BENNETT	
STREET ADDRESS	255 W STANLEY AVE	
CITY-ST-ZIP	VENTURA CA 93002	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	MOXIE, JEFFREY E	
STREET ADDRESS	255 W STANLEY AVE	
CITY-ST-ZIP	VENTURA CA 93002	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	CORNELL, JAMES H	
STREET ADDRESS	255 W STANLEY AVE	
CITY-ST-ZIP	VENTURA CA 93002	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAUSE, BRADLEY W	
STREET ADDRESS	C/O STRG, 18006 SKYPARK CIR., #201	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	BRAMMAN, ANNE	
STREET ADDRESS	255 W STANLEY AVE	
CITY-ST-ZIP	VENTURA CA 93002	

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSIN, GARY	
STREET ADDRESS	Three Galleria Tower, 13155 Noel Rd., Ste. 1600	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moxie, Jeffrey E.	
STREET ADDRESS	Three Galleria Tower, 13155 Noel Rd., Ste. 1600	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klaassen, Leslie	
STREET ADDRESS	Three Galleria Tower, 13155 Noel Rd., Ste. 1600	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Tarnke	
STREET ADDRESS	Three Galleria Tower, 13155 Noel Rd., Ste. 1600	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

(805) 477-5347

Daytime Phone #

CR2E034 (9/01)