

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # 500368 (6)  
1. Corporation Name  
GENERAL PRINTING EQUIPMENT AND SUPPLY, INC.



Principal Place of Business

6400 POPLAR AVE.  
ATT. TAX DEPARTMENT  
MEMPHIS TN 38197-1006

Mailing Address

6400 POPLAR AVE.  
ATT. TAX DEPARTMENT  
MEMPHIS TN 38197-0100

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/02/1976

3a. Date of Last Report

05/01/1996

4. FEI Number

51-0203721

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. 190.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WALLACE, ARTHUR  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-ST-ZIP PURCHASE, NY.

TITLE VD  
NAME QUEDRY, JIM  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-ST-ZIP PURCHASE, NY.

TITLE SD  
NAME NERHEIM, SYVERT E.  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-ST-ZIP PURCHASE, NY.

TITLE AT  
NAME FINNEGAN, JOHN  
STREET ADDRESS 6400 POPLAR AVENUE  
CITY-ST-ZIP MEMPHIS TN

TITLE T  
NAME POLNEY, FRANK  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-ST-ZIP PURCHASE, NY.

TITLE AS  
NAME DOOLITTLE, TRACEY  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-ST-ZIP PURCHASE, NY.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME Change Addition

1.3 STREET ADDRESS Change Addition

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

[Signature]

TH F

04/28/97

901-713-1000

CR2E034 (9/96)