FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 FEB -3 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 833504 (4)

1. Corporation Name
IDEA COURIER INCORPORATED

Principal Place of Business	Mailing Address
1515 W. 14TH ST. P.O. BOX 29039 PHOENIX AZ 85039	1515 W. 14TH ST. P.O. BOX 29039 PHOENIX AZ 85038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1976
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	GUPTA, GAUTAM	12 NAME	
STREET ADDRESS	396 GREAT MEADOWS RD.	13 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA 01742	14 CITY-ST-ZIP	
TITLE	ASD	21 TITLE	☐ Change ☐ Addition
NAME	HUNTER, DAVID	22 NAME	
STREET ADDRESS	~~140 DAVIS RD~~ 153 Cambridge Street	23 STREET ADDRESS	
CITY-ST-ZIP	~~BEDFORD MA~~ Winchester, MA 01890	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	PAGE, DAVID	32 NAME	
STREET ADDRESS	SEVEN UNIVERSITY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MA 01944	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	SHULMAN, DONALD	42 NAME	
STREET ADDRESS	221 BEACON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	LEVINE, WILLIAM	52 NAME	
STREET ADDRESS	51 BERESFORD ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	MAROHN, WILLIAM	62 NAME	
STREET ADDRESS	491 AUTUMN LANE	63 STREET ADDRESS	
CITY-ST-ZIP	CARLISLE MA	64 CITY-ST-ZIP	RD 1 3

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: _____ 1/27/95 (602) 894-7766
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0401424 FP