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

1515 W. 14TH ST.
P.O. BOX 29039
PHOENIX AZ 85038

Mailing Address

1515 W. 14TH ST.
P.O. BOX 29039
PHOENIX AZ 85038

2. Principal Place of Business
21 2121 E. MAGNOLIA
Suite, Apt. #, etc.
22 P.O. BOX 29039
City & State
23 PHOENIX AZ
Zip 24 85038 Country 25 USA

2a. Mailing Address
26 2121 E. MAGNOLIA
Suite, Apt. #, etc.
27 P.O. BOX 29039
City & State
28 PHOENIX AZ
Zip 29 85038 Country 30 USA

3. Date Incorporated or Qualified: 12/18/1976

3a. Date of Last Report: 02/03/1995

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

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	PTD	☐ DELETE
NAME	GUPTA, GAUTAM	
STREET ADDRESS	396 GREAT MEADOWS RD	
CITY-ST-ZIP	CONCORD MA 01742	
TITLE	ASD	☐ DELETE
NAME	HUNTER, DAVID	
STREET ADDRESS	153 CAMBRIDGE STREET	
CITY-ST-ZIP	WINCHESTE MA 01890	
TITLE	SD	☐ DELETE
NAME	PAGE, DAVID	
STREET ADDRESS	SEVEN UNIVERSITY LANE	
CITY-ST-ZIP	MANCHESTER MA 01944	
TITLE	AS	☐ DELETE
NAME	SHULMAN, DONALD	
STREET ADDRESS	221 BEACON ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	AS	☐ DELETE
NAME	LEVINE, WILLIAM	
STREET ADDRESS	51 BERESFORD ROAD	
CITY-ST-ZIP	CHESTNUT HILL MA	
TITLE	VP	☒ DELETE
NAME	MAROHN, WILLIAM	
STREET ADDRESS	491 AUTUMN LANE	
CITY-ST-ZIP	CARLISLE MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 V.P. — 1/25/96 (602) 392-1759

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