

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90351 049 ***150.00

DOCUMENT # 855989

1. Entity Name

APPERSON PRINT MANAGEMENT SERVICES, INC.

Principal Place of Business

6855 E. GAGE AVE.
CITY OF COMMERCE, CA 90040

Mailing Address

6855 E. GAGE AVE.
CITY OF COMMERCE, CA 90040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-1850155

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0070552

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE VP
NAME APPERSON, WILLIAM ☐ Delete
STREET ADDRESS 6855 E. GAGE AVE.
CITY-ST-ZIP CITY OF COMMERCE, CA 90040TITLE SD ☐ Delete
NAME ASTOR, Z. HARRY
STREET ADDRESS 6855 E. GAGE AVE.
CITY-ST-ZIP CITY OF COMMERCE, CA 90040TITLE D ☐ Delete
NAME APPERSON, ROBERT P.
STREET ADDRESS 6855 E. GAGE AVE.
CITY-ST-ZIP CITY OF COMMERCE, CA 90040TITLE VT ☐ Delete
NAME DOUGLAS, GABRIEL
STREET ADDRESS 6855 E. GAGE AVE.
CITY-ST-ZIP CITY OF COMMERCE, CA 90040TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (11/00)

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: Douglas Gabriel Douglas Gabriel

4/24/01 (562)927-4718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #