

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000003425

1. Entity Name
COPY CONCEPTS, INC. OF TEXAS



Principal Place of Business
8080 TRISTAR DRIVE, SUITE 112
IRVING TX 75063-2823

Mailing Address
8080 TRISTAR DRIVE, SUITE 112
IRVING TX 75063-2823

2. Principal Place of Business

3. Mailing Address

600 ALBANY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P O BOX 1167

City & State

City & State
DAYTON OH

Zip

Country

Zip

Country

45401-1167

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME DILLON, DAVID
STREET ADDRESS 668 KASOTA AVENUE SOUTHEAST
CITY-ST-ZIP MINNEAPOLIS MN 55414

TITLE PRESIDENT & DIRECTOR
NAME DENNIS L. REDIKER
STREET ADDRESS 600 ALBANY STREET
CITY-ST-ZIP DAYTON OH 45408

TITLE P
NAME SHIRLEY, PHIL
STREET ADDRESS 8080 TRISTAR DRIVE, SUITE 112
CITY-ST-ZIP IRVING TX 75063-2823

TITLE TREASURER
NAME CRAIG J BROWN
STREET ADDRESS 600 ALBANY STREET
CITY-ST-ZIP DAYTON OH 45408

TITLE V
NAME STONE, BRIAN
STREET ADDRESS 8080 TRISTAR DRIVE, SUITE 112
CITY-ST-ZIP IRVING TX 75063-2823

TITLE SECRETARY
NAME KATHRYN A LAMME
STREET ADDRESS 600 ALBANY STREET
CITY-ST-ZIP DAYTON OH 45408

TITLE ST
NAME NICKOLOFF, KEITH
STREET ADDRESS 22 CANNOCK DRIVE
CITY-ST-ZIP FAIRPORT NY 14450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address and other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

Date

Daytime Phone #

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90201 043 ***150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number 75-2398913

Applied For

Not Applicable

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

CR2E034 (10/02)