


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90600 014 ***158.75

DOCUMENT # F02000004079	
1. Entity Name RMF PRINTING TECHNOLOGIES, INC. (d/b/a COLOR CARDS) ✓	

DO NOT WRITE IN THIS SPACE

90007538

2. Principal Place of Business 6801 LAKEWORTH RD, Suite, Apt. #, etc. SUITE 104-105		3. Mailing Address PO BOX 7500 Suite, Apt. #, etc.	
City & State LAKEWORTH, FLORIDA		City & State LANCASTER, N.Y.	
Zip 33463	Country USA	Zip 14086-7500	Country USA

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip Code 33324		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DONALD H. OWENS 40 HAMPTON HILL WILLIAMSVILLE NY 14221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RICHARD H. SANDER 1968 STONY POINT ROAD GRAND ISLAND, N.Y.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT FINANCE JOHN H. CONWAY 79 WINDRIDGE CT. WILLIAMSVILLE, N.Y. 14221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: John H. Conway **JOHN H. CONWAY UPFINANCE** 1/16/03 716-683-2500 X241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)