2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003495

Entity Name: CONSOLIDATED GRAPHICS SERVICES, INC.

FILED May 08, 2007 Secretary of State

Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
	THEIMER, #200 , TX 77057)		5858 WESTHEIMER, SUITE 200 HOUSTON, TX 77057		
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
	THEIMER, #200 , TX 77057)		5858 WESTHEIMER, SUITE 200 HOUSTON, TX 77057		
FEI Number: 74-3070840		FEI Number Applied For () FEI	Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 US 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:						
	Electronic	Signature of Registered Agent		Date		
		2)(b), F.S., the corporation did not receive Trust Fund Contribution ().	ve the prior notic	e.		
	AND DIRECT	, ,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C ()EDAVIS, JOE R 5858 WESTHEIN HOUSTON, TX 7	*	Title: Name: Address: City-St-Zip:	CEO (X DAVIS, JOE R 5858 WESTHE HOUSTON, TX	*	
Title: Name: Address: City-St-Zip:	ST ()[COLVILLE, G. CH 5858 WESTHEIN HOUSTON, TX 7	1ER, #200	Title: Name: Address: City-St-Zip:		•	
Title: Name: Address: City-St-Zip:	VP ()[WOODS, ROBER 5858 WESTHEIN HOUSTON, TX 7	1ER, #200	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:]()	Delete	Title: Name: Address: City-St-Zip:	COLVILLE, G	IMER, STE 200	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T WOODS VP 05/08/2007