

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 # **F95000001565 (9)**

1. Corporation Name

CORPORATE EXPRESS OF THE SOUTH, INC.



Principal Place of Business

**561 VILLAGE TRACE, NE BLDG 13A
MARIETTA GA 30067**

Mailing Address

**561 VILLAGE TRACE, NE BLDG 13A
MARIETTA GA 30067**

2. Principal Place of Business

2a. Mailing Address

21 **4953 S. 48th Ave W**
Suite, Apt. #, etc.

26 **325 Interlocken Parkway**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **TUSA, OK**

28 **Broomfield, CO**

24 Zip **74107**

25 Country **USA**

29 Zip **80071**

30 Country **USA**

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

4. FEI Number

51-0305216

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.05-02 and 607.1505, 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

Signature, typed or printed name of registered agent and the corporation

(If the Registered Agent is signed by registered officer, then)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KING, ROBERT L	
STREET ADDRESS	325 INTERLOCKEN PARKWAY	
CITY-ST-ZIP	BROOMFIELD CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACOBS, GARY M	
STREET ADDRESS	325 INTERLOCKEN PARKWAY	
CITY-ST-ZIP	BROOMFIELD CO	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FARVER, JOANNE	
STREET ADDRESS	325 INTERLOCKEN PARKWAY	
CITY-ST-ZIP	BROOMFIELD CO	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, JACK	
STREET ADDRESS	325 INTERLOCKEN PARKWAY	
CITY-ST-ZIP	BROOMFIELD CO	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	WOODARD, LESLIE B	
STREET ADDRESS	325 INTERLOCKEN PARKWAY	
CITY-ST-ZIP	BROOMFIELD CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLET, RICHARD L	
STREET ADDRESS	325 INTERLOCKEN PARKWAY	
CITY-ST-ZIP	BROOMFIELD CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SECRETARY
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96
Date

302-373-2115
Executive Office #

CR2E034 (12/95)