


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90082 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002074

1. Corporation Name
DOCUMENT SOLUTIONS, INC.



Principal Place of Business 255 RIVERCHASE PARKWAY SUITE L BIRMINGHAM AL 35244	Mailing Address CORP FINANCE TAX DEPT 3435 STELZER RD. COLUMBUS OH 43219-9026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1995	
21	26	4. FEI Number 59-1734252		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUM, LYNN J	1.2 NAME	
STREET ADDRESS	150 CLOVE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURKE, PAUL	2.2 NAME	
STREET ADDRESS	1 GREENWAY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77046	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, TEDD	3.2 NAME	
STREET ADDRESS	255 RIVERCHASE PARKWAY E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL 32544	3.4 CITY-ST-ZIP	
TITLE	VPCS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELL, KEVIN J	4.2 NAME	
STREET ADDRESS	150 CLOVE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	4.4 CITY-ST-ZIP	
TITLE	EVCT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCMULLAN, ROBERT J	5.2 NAME	
STREET ADDRESS	150 CLOVE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYBARCZYK, MARK	6.2 NAME	
STREET ADDRESS	11 GREENWAY PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77046	6.4 CITY-ST-ZIP	

Please see attached list.

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 2/8/99 DAYTIME PHONE # _____

CR2E034 (11/98)

DOCUMENT SOLUTIONS INC.

Corporate Officers & Directors

Position	Name	Business Address
Chairman/CEO	Lynn J. Mangum*	150 Clove Rd., Little Falls, NJ 07424
President	Ted Wilson	255 Riverchase Parkway E, Birmingham AL35244
VIP/ Gen Council/Secretary	Kevin J. Dell	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Mark Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Executive Vice Pres./CFO/ Treasurer	Dennis Sheehan*	150 Clove Rd., Little Falls, NJ 07424
Vice President	Steven F. [unclear]	255 Riverchase Parkway E, Birmingham AL 35244

* Directors

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09:15 AM

01/14/99

