## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME

## **FILED** DOCUMENT # **F95000005880** Apr 21, 2000 8:00 am Secretary of State AUTOLOGIC INFORMATION INTERNATIONAL, INC. 04-21-2000 90127 046 \*\*\*150.00 Principal Place of Business Mailing Address 1050 RANCHO CONE JO BLVD 1050 RANCHO CONEJO BLVD THOUSAND OAKS CA 91320-1717 THOUSAND OAKS CA 91320 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-3855697 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required -- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete Change Addition TITLE TITLE NAME SHAW, WILLIAM STREET ADDRESS 1050 RANCHO CONEJO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THOUSAND OAKS CA TITLE ☐ Delete ☐ Change ☐ Addition DOOLITTLE, DENNIS NAME NAME STREET ADDRESS STREET ADDRESS 1050 RANCHO CONEJO BLVD CITY-ST-ZIP CITY-ST-ZIP THOUSAND OAKS CA ☐ Addition TITLE ☐ Change TITLE Delete NAME GROBERG, JAMES J NAME STREET ADDRESS STREET ADDRESS 1050 RANCHO CONEJO BLVD CITY-ST-ZIP CITY-ST-ZIP THOUSAND OAKS CA ☐ Delete ☐ Change ■ Addition TITLE TITLE WEINREICH, HOWARD B NAME NAME STREET ADDRESS STREET ADDRESS 1221 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition TITLE ☐ Delete TITLE NAME MARRELLI, ANTHONY NAME STREET ADDRESS 1050 RANCHO CONEJO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THOUSAND OAKS CA ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ER OR DIRECTOR

Daytime Phone #