2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F97000001998 DOCUMENT#

1. Entity Name

KINKO'S NETWORK, INC.



FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90671 032 ***158.75



| Principal Place of Business 255 WEST STANLEY AVENUE VENTURA CA 93002 2. Principal Place of Business | Mailing Address KINKO'S INC - TAX DEF PO BOX 8015 VENTURA CA 93002-801 US 3. Mailing Address | | | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 13155 NOEL ROAD, STE.1600 Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING | CHANGES | |
| | 18006 SKYPARK | CIRCLE, STE. | 106 | | |
| City & State | City & State | | 4. FEI Number 77-0443979 | . Applied For Not Applicable | |
| Zip Country | IRVINE, CA | Country | | \$8.75 Additional | |
| 75240 U.S | 92614 | U.S | L 5 Certificate of Status Desired - 8 T | Fee Required | |
| 6. Name and Address of Curre | ent Registered Agent | | 7. Name and Address of New Registered A | | |
| | | Name | | and the formation of t | |
| CT CORPORATION SYSTEM | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| 1200 S PINE ISLAND RD | | Street Addre | Street Address (n.o. Box Number is Not Acceptable) | | |
| PLANTATION FL 33324 | | | | | |
| T DAVIATION TE GOOZT | | City | | Zip Code | |
| | | City | FL | Zip Code | |
| The above named entity submits this statement the obligations of registered agent. | nt for the purpose of changing i | ts registered office or regi | stered agent, or both, in the State of Florida. I am f | amiliar with, and accept | |
| SIGNATURE Signature, typed or printed name of registered a | gent and title if applicable. (NC | DTE: Registered Agent signature rec | quired when reinstating) DATE | <u> </u> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550. Make Check Payable to Florida Departmen | | | 9. Election Campaign Financing Trust Fund Contribution. | | |
| | ND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 11 | |
| TITLE PCEO KUSIN, GARY STREET ADDRESS CITY-ST-ZIP VENTURA CA 93002-8000 | ☐ Delete | CITY-ST-ZIP D | 3155 NOEL ROAD, STE. 1600 ALLAS, TX 75240 | ⊠ Change | |
| TITLE VPT MOXIE, JEFFREY STREET ADDRESS CITY-ST-ZIP VENTURA CA 93002-8000 | ☑ Delete | STREET ADDRESS 13 | T RK A. BLINN 155 NOEL ROAD, STE. 1600 LLAS, TX 75240 | ☐ Change ☐ Addition | |
| VPS KLAASEN, LESLIE STREET ADDRESS CITY-ST-ZIP VPS KLAASEN, LESLIE 255 WEST STANLEY AVE VENTURA CA 93002-8000 | ☐ Delete | NAME 13 | 155 NOEL ROAD, STE. 1600 LLAS, TX 75240 | Z Change ☐ Addition | |
| TITLE D TAMKE, GEORGE STREET ADDRESS CITY-ST-ZIP VENTURA CA 93002-8000 | ⊠ Delete | STREET ADDRESS 13 | TEVEN L. GRUPE B155 NOEL ROAD, STE. 1600 ALLAS, TX 75240 | ☐ Change | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VENTURA CA 93002-8000 | □ Delete | TITLE VINNAME MITSTREET ADDRESS 13 | P/Assistant Treasurer CHAEL L. NICHOLS B155 NOEL ROAD, STE. 1600 LLAS, TX 75240 | Change 🙀 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied | ☐ Delete | TITLE PR NAME DA STREET ADDRESS CITY-ST-7IP | ESIDENT NIEL J. CONNORS 55 NOEL ROAD, STE. 1600 | ☐ Change ★ Addition | |

SIGNATURE:

changed, or on an attachment with