

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90633 017 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # F980000040071. Entity Name Beacon Printing & Graphics, Inc. dba
H&D Graphics/Laser Tech Graphic Services, Inc.Principal Place of Business
950 SE 8th St.
Hialeah, FL 33010Mailing Address
950 SE 8th St.
Hialeah, FL 33010**C0069434**2. Principal Place of Business
950 SE 8th Street
 Suite, Apt. #, etc.3. Mailing Address
950 SE 8th Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FLCity & State
Hialeah, FL4. FEI Number
76-0573696Applied For
 Not ApplicableZip
33010Country
USAZip
33010Country
USA5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
 1201 Hays Street
 Tallahassee, Florida 31301 USA

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C/O ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE C/T ☒ Change ☐ Addition
 NAME Carl L. Norton
 STREET ADDRESS 2500 W. Loop S., #500
 CITY-ST-ZIP Houston, TX 77027

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P/S ☒ Change ☐ Addition
 NAME Jerry L. Hyde
 STREET ADDRESS 2500 W. Loop S., #500
 CITY-ST-ZIP Houston, TX 77027

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry L. Hyde 5/16/01

Date

713/961-4700

Daytime Phone #

CR2E034 (11/00)