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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F98000004669**1. Corporation Name

CORPORATE EXPRESS OFFICE PRODUCTS, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90141 019 ***150.00



Principal Place of Business Mailing Address						-	Tiši nožii dolit nieto ols	110 Bilisa sesi taat
1 ENVIRONMENTAL WAY 1 ENVIRONMENTAL WAY BROOMFIELD CO 80021 BROOMFIELD CO 80021						DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed		
				•		08/17/1998		1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- T 7	Applied For
21		26				84-1248716		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					¥	Additional
22		27		•		5. Certificate of Status Desired	Fee	Required
City & Stat	e	City & State				6. Election Campaign Financing	7	O May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current	* .=	ATA .
24	25	29 30	<u> </u>			Personal Property Tax.	☐ Yes	1 ØNo
	9. Name and Address of Curren	t Registered Agent	 	31 Nam		10. Name and Address of New Reg	Istered Agent	
СТ	CARRADATION SYSTEM			31 Nam	8			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			1	32 Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			\ ,	33				
FLA	WINION PE 33324		'	•3				
			1	34 City			FL 85 Zi	p Code
		0 1 007 4500 Florida Otabida	45		d - area	ration submits this statement for the our	1 1	its registered
office or I	registered agent, or both, in the State (of Florida. Such change was auth	ionzed (by the coi	poration	ration submits this statement for the pur n's board of directors. I hereby accept the	ne appointment as	registered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statut	es.				
SIGNATURE	en e	ALOTE D	nistand A	aant nianatu	o roovinad	when reinstating)	DATE	<u> </u>
12.	Signature, typed or printed name of registered agen	·····	13.	Gestr architectur	e ledaneo	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TITLE	CP CP	DELETE DELETE	1.1 TITL	E	TPD		Chang	e Addition
NAME	KING, ROBERT L		1.2 NAM	Œ				. }
STREET ADDRESS	1 ENVIRONMENTAL WAY		1.3 STR	EET ADDRES	is			!
CITY-ST-ZIP	BROOMFIELD CO 80021		1.4 CITY	-ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITL		\top		Chang	ge Addition
NAME	JACOBS, GARY M		2.2 NAM	Œ				
STREET ADDRESS			2.3 STR	EET ADDRES	s			_
CITY-ST-ZIP	BROOMFIELD CO 80021	• • •	2. 4 CIT	Y-ST-ZIP		,		
TITLE	VS	☐ DELETE	3.1 TITL		V		Chang	e Addition
NAME	MILLETT, RICHARD L JR		3.2 NAM	ΙE				
STREET ADDRESS	A PARABOARAPATAL MAN		3.3 STR	EET ADDRES	is]
CITY-ST-ZIP	BROOMFIELD CO 80021		3.4. CIT	Y-ST-ZIP		4-44-4-11		
TITLE	V	▼ DELETE	4.1 TITL	E			☐ Chang	ge Addition
NAME	LENO, SAM R		4. 2 NA	νŒ				ł
STREET ADDRESS	CARROCALICATAL WAY		4.3 STR	EET ADDRES	ss			į
CITY-ST-ZIP	BROOMFIELD CO 80021		4.4 CITY	-ST-ZIP				
TITLE	VT	☐ DELETE	5.1 TITL				☐ Chang	ge 🗌 Addition
NAME	SKINNER, JOHN T		5.2 NAM					1
STREET ADDRESS			Į.	EET ADDRES	SS		-	
CITY-ST-ZIP	BROOMFIELD CO 80021			/-ST-ZiP				
TITLE	AS	☐ DELETE	6.1 TITL				. Chang	ge Addition
NAME	MCCONNON, LINDA		6.2 NAV]
STREET ADDRESS	1			EET ADDRES	SS]
000/ 04 300	PROMISIEI D CO 90021		64 CID	/-ST-7IP	- 1			1

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 trurtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attrictment with an address, with all other like empowered.

SIGNATURE