

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90062 046 \*\*\*150.00

**DOCUMENT # F98000006999**

1. Entity Name  
**DISCOUNT LABELS, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>PO BOX 709<br>NEW ALBANY IN 47151 | Mailing Address<br>PO BOX 709<br>NEW ALBANY IN 47151-0709 |
|--|---|

00088000



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br>4100 Earnings Way<br>Suite, Apt. #, etc. | 3. Mailing Address<br>23 Inverness Way East<br>Suite, Apt. #, etc.<br>Suite 160 |
| City & State<br>New Albany, IN   | City & State<br>Englewood, CO   |
| Zip<br>47151   | Country<br>USA  |
| Zip<br>80112   | Country<br>USA  |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>35-1119834 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |   |                             |
|--|---|---|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS                         |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>P   | <input checked="" type="checkbox"/> Delete | TITLE<br>P  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>CONWAY, ALLEN C                            |  | NAME<br>Reilly, Paul V.                               |  |
| STREET ADDRESS<br>5810 MOSER KNOB ROAD             |  | STREET ADDRESS<br>23 Inverness Way East               |  |
| CITY-ST-ZIP<br>FLOYDS KNOBS IN 47119               |  | CITY-ST-ZIP<br>Englewood, CO 80112                    |  |
| TITLE<br>EV  | <input checked="" type="checkbox"/> Delete | TITLE<br>CEO  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>ARLEDGE, WINIFRED B                        |  | NAME<br>Mahoney, Gerald F.                            |  |
| STREET ADDRESS<br>5780 MOSER KNOB ROAD             |  | STREET ADDRESS<br>23 Inverness Way East               |  |
| CITY-ST-ZIP<br>FLOYDS KNOBS IN 47119               |  | CITY-ST-ZIP<br>Englewood, CO 80112                    |  |
| TITLE<br>S   | <input checked="" type="checkbox"/> Delete | TITLE<br>Sr. VP/CFO,                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>GRAY, DAWN M                               |  | NAME<br>Ritondaro, Gary H.                            |  |
| STREET ADDRESS<br>2100 RIVEREDGE PKWY., SUITE 1200 |  | STREET ADDRESS<br>23 Inverness Way East               |  |
| CITY-ST-ZIP<br>ATLANTA GA 30328                    |  | CITY-ST-ZIP<br>Englewood, CO 80112                    |  |
| TITLE<br>EV  | <input checked="" type="checkbox"/> Delete | TITLE<br>VP/S/D                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>ARLEDGE, SOL A                             |  | NAME<br>Wertheimer, Roger                             |  |
| STREET ADDRESS<br>5780 MOSER KNOB ROAD             |  | STREET ADDRESS<br>23 Inverness Way East               |  |
| CITY-ST-ZIP<br>FLOYDS KNOBS IN 47119               |  | CITY-ST-ZIP<br>Englewood, CO 80112                    |  |
| TITLE<br>C   | <input checked="" type="checkbox"/> Delete | TITLE<br>VP/T/D                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>GELLERSTEDT, LARRY L III                   |  | NAME<br>Meyer, Robert                                 |  |
| STREET ADDRESS<br>2485 WEST WESLEY ROAD            |  | STREET ADDRESS<br>23 Inverness Way East               |  |
| CITY-ST-ZIP<br>ATLANTA GA 30309                    |  | CITY-ST-ZIP<br>Englewood, CO 80112                    |  |
| TITLE<br>D   | <input checked="" type="checkbox"/> Delete | TITLE<br>AS/D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>SMITH, RICHARD G                           |  | NAME<br>Zoeller, Mark L.                              |  |
| STREET ADDRESS<br>303 CHASE LANE                   |  | STREET ADDRESS<br>23 Inverness Way East               |  |
| CITY-ST-ZIP<br>MARIETTA GA 30068                   |  | CITY-ST-ZIP<br>Englewood, CO 80112                    |  |

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: Robert Meyer 04/20/00 303-790-8023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)