FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # K06036 1. Entity Name ORIGINAL COPY SUPPLIES, INC. 02-26-2002 90025 011 ***150.00 Principal Place of Business Mailing Address 3400 FAIRLANE FARMS RD 3400 FAIRLANE FARMS RD WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0016636 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENTHAL MARC Street Address (P.O. Box Number is Not Acceptable) 13805 GREENTREE TRAIL WEST PALM BEACH FL 33414 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE X Change ☐ Addition ROSENTHAL, JANET ROSENTHAL, MARC NAME NAME 13805 GREENTREE TRAIL STREET ADDRESS 13805 GREENTREE TRAIL STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP WELLINGTON FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSENTHAL, MARC NAME STREET ADDRESS 13805 GREENTREE TRAIL STREET ADDRESS CITY-ST-ZIP WELLINGTON FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ROSENTHAL, MURIEL NAME NAME STREET ADDRESS 11833 DONUN DR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND INDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/7/02

(561)-790-5449

Daytime Phone #