## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Aug 27, 2004 08:00 AM Secretary of State DOCUMENT # M00000002034 1. Entity Name UNIVERSAL BLUEPRINT PAPER COMPANY, L.L.C. Principal Place of Business Mailing Address 327 BRYAN AVE. 327 BRYAN AVE. FORT WORTH, TX 76104 FORT WORTH, TX 76104 08182004 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-1322269 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 3. 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE INOTE Registered Agent signature required when rehasisting) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by September 8, 2004 U00000170996 08/27/04-80001-009 50.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE ROGERS, YANDELL JR. NAME 5711 HILLCROFT STREET ADDRESS CHY-ST-ZIP HOUSTON, TX 770362215 MGRM TITLE PRIEST RIVER, LTD. NAME STREET ADDRESS 5711 HILLCROFT CITY - ST- ZIP HOUSTON, TX 770362215 TITLE NAME ROGERS, YANDELL III STREET ADDRESS 5711 HILLCROFT DO NOT WRITE CHY-ST-ZIP HOUSTON, TX 770362215 TATLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-DP BEL NAME STREET ADDRESS CITY-ST-7/P

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same tegel effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes. 713.830-9573 Elvin R. Izeissel brecht

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CHTY-51-2IP

**FILED**