

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002034

FILED
Apr 16, 2007
Secretary of State

Entity Name: UNIVERSAL BLUEPRINT PAPER COMPANY, L.L.C.

Current Principal Place of Business:

327 BRYAN AVE.
FORT WORTH, TX 76104

New Principal Place of Business:

Current Mailing Address:

327 BRYAN AVE.
FORT WORTH, TX 76104

New Mailing Address:

FEI Number: 75-1322269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROGERS, YANDELL JR.
Address: 6330 WEST LOOP SOUTH 3RD FLOOR
City-St-Zip: HOUSTON, TX 77401

Title: MGRM () Delete
Name: PRIEST RIVER, LTD.,
Address: 6330 WEST LOOP SOUTH 3RD FLOOR
City-St-Zip: HOUSTON, TX 77401

Title: MGR () Delete
Name: ROGERS, YANDELL III
Address: 6330 WEST LOOP SOUTH 3RD FLOOR
City-St-Zip: HOUSTON, TX 77401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if 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 608, Florida Statutes.

SIGNATURE: GEORGE L. CULPS

CONT

04/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date