

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90272 025 \*\*\*\*50.00

DOCUMENT # **MO1000002673**

1. Entity Name  
 \* **RIDGWAY'S GP, LLC**

\* **SINGLE MEMBER LLC OWNED BY SOUTHWESTERN REPROGRAPHICS,**

Principal Place of Business      Mailing Address  
**5711 HILLCROFT**      ~~5711 HILLCROFT~~  
**HOUSTON TX 77036**      ~~HOUSTON TX 77036~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**700 N. CENTRAL AVE.**  
**550**  
**GLENDAL, CA**

4. FEI Number      Applied For  
**76-0299163**      Not Applicable

Zip      Country      Zip      Country  
**91203**      **U.S.A.**

5. Certificate of Status Desired            \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name  
 Street Address (P.O.-Box Number is Not Acceptable)  
 City      **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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LLC MANAGER</b> <input type="checkbox"/> Delete <b>SATHIYAMURTHY CAANDRAMOHAN</b> <b>700 N. CENTRAL AVE., #550</b> <b>GLENDAL, CA 91203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LLC MANAGER</b> <input type="checkbox"/> Delete <b>KUMARAKULASINGAM SURIYAKUMAR</b> <b>700 N. CENTRAL AVE., #550</b> <b>GLENDAL, CA 91203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SOLE MEMBER</b> <input type="checkbox"/> Delete <b>SOUTHWESTERN REPROGRAPHICS, INC.</b> <b>700 N. CENTRAL AVE., #550</b> <b>GLENDAL, CA 91203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LLC MANAGER</b> <input type="checkbox"/> Delete <b>MARK W. LEE</b> <b>700 N. CENTRAL AVE., #550</b> <b>GLENDAL, CA 91203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my 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: **SIGNATURE REQUIRED**

**4/26/02**      **818-500-0225**

CR2E083 (9/01)