

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001968

1. Entity Name

BOWNE BUSINESS SOLUTIONS, L.L.C.

FILED

00 MAR 17 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
345 Hudson Street
Suite 11
New York, NY 10014

Mailing Address
c/o Bowne & Co., Inc.
345 Hudson Street
Suite 11
New York, NY 10014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2612517

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Robert M. Johnson	
STREET ADDRESS	345 Hudson Street	
CITY-ST-ZIP	New York, NY 10014	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Denise K. Fletcher	
STREET ADDRESS	345 Hudson Street	
CITY-ST-ZIP	New York NY 10014	
TITLE	President	<input type="checkbox"/> Delete
NAME	David Shea	
STREET ADDRESS	345 Hudson Street	
CITY-ST-ZIP	New York, NY 10014	
TITLE	Vice President & Treasurer	<input type="checkbox"/> Delete
NAME	Denise K. Fletcher	
STREET ADDRESS	345 Hudson Street	
CITY-ST-ZIP	New York, NY 10014	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Philip E. Kucera	
STREET ADDRESS	345 Hudson Street	
CITY-ST-ZIP	New York, NY 10014	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Douglas F. Bauer	
STREET ADDRESS	345 Hudson Street	
CITY-ST-ZIP	New York, NY 10014	

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

200003174972-2

Handwritten signature

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:

Handwritten signature: Douglas F. Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Douglas F. Bauer, 3-13-00 212-931-1874

Date

Daytime Phone #

CR2E083 (11/99)



ACCOUNT NO. : 072100000032

REFERENCE : 627949 4719600

AUTHORIZATION :

Patricia Pizzit

COST LIMIT : \$ 50.00

ORDER DATE : March 16, 2000

ORDER TIME : 4:25 PM

ORDER NO. : 627949-010

CUSTOMER NO: 4719600

CUSTOMER: Mr. Alix Pierre
Bowne & Co., Inc.
345 Hudson Street
10th Floor
New York, NY 10014-4502

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: BOWNE BUSINESS SOLUTIONS,
L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS:

RECEIVED
00 MAR 17 PM 4:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA