

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90027 018 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M99000001968

1. Entity Name
BOWNE BUSINESS SOLUTIONS, L.L.C.



10105402

Principal Place of Business
161 N. CLARK ST., #2400
CHICAGO, IL 60601

Mailing Address
161 N. CLARK ST., #2400
CHICAGO, IL 60601

2. Principal Place of Business

3. Mailing Address

345 HUDSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW YORK, NY

Zip

Country

Zip

Country

10014

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-2612517

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2626

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 15, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, ROBERT M
345 HUDSON ST.
NEW YORK, NY 10014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE:

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

SCOTT L. SPITZER

5/9/2003

212-924-5500

Date

Daytime Phone #

CR2E083 (10/02)