FILED
Apr 21, 2003 8:00 am
Secretary of State

04-03-2003 90156 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063968

1. Entity Name
ECHO DOCUMENT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
~~530 GREENBRIAR AVE~~ 1929 Lytham Rd	~~530 GREENBRIAR AVE~~ 1929 Lytham Rd
~~CELEBRATION FL 34747~~ Columbus OH 43220	~~CELEBRATION FL 34747~~ Columbus OH 43220

2. Principal Place of Business	3. Mailing Address
1929 Lytham Road	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Columbus Ohio	City & State
Zip: 43221 / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3733207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANNELL, DANIEL R
~~530 GREENBRIAR AVE~~ ~~1929 Lytham Rd~~
~~CELEBRATION FL 34747~~ ~~Columbus OH 43220~~

7. Name and Address of New Registered Agent

Name: DANIEL R. CANNELL
Street Address (P.O. Box Number is Not Acceptable): 221 TORCASO CT
City: WINTER SPRINGS FL Zip Code 32708

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] (DANIEL R. CANNELL) 4-16-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CANNELL, DANIEL R ~~530 GREENBRIAR AVE~~ ~~1929 Lytham Rd~~ ~~CELEBRATION FL 34747~~ ~~Columbus OH~~ 43220 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDRESS: 221 TORCASO CT. WINTER SPRINGS FL 32708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #