

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01644** (4)

1. Corporation Name  
**UNIVERSAL BLUEPRINT PAPER COMPANY, INC.**

Principal Place of Business  
**5711 HILLCROFT  
HOUSTON TX 77036**

Mailing Address  
**5711 HILLCROFT  
HOUSTON TX 77036-2215**



3. Date Incorporated or Qualified **04/17/1984** 3a. Date of Last Report **02/12/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **75-1322269** Applied For  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, YANDELL, JR.</b>	1.2 NAME	
STREET ADDRESS	<b>5711 HILLCROFT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRINGER, GEORGE</b>	2.2 NAME	
STREET ADDRESS	<b>327 BRYAN AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WORTH TX</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRITTON, ALBERT</b>	3.2 NAME	
STREET ADDRESS	<b>327 BRYAN AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WORTH TX</b>	3.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEISSELBRECHT, ELVIN R.</b>	4.2 NAME	
STREET ADDRESS	<b>5711 HILLCROFT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Elvin R. Geisselbrecht*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/97 (713) 787-1290**  
Date Daytime Phone #

CR2E034 (9/96)