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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01644

1. Corporation Name

UNIVERS	SAL BLUEPRINT PAPER COM	MPANY, INC.						
Principal Place	e of Business	Mailing Address				- - -	Fiall Bibli Bibli Bibli B	FREI MIMIT IMMS
5711 HILLCROFT 5711 HILLCROFT HOUSTON TX 77036 HOUSTON TX 77036						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/17/1984		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21						75-1322269	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			_5. Certificate of Status Desired	\$8.75 _. A	
22		27				To Germone di Omico compo	Fee Re	`
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•	
Zip	Country Zip 25 29 30			Country		This corporation owes the current year Personal Property Tax.	ar Intangible Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	ered Agent	
Traine and reported or our overlagence and govern				Na	me			
CT CORPORATION SYSTEM				Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD			82					
PLANTATION FL 33324			83					
			84	City	,		85 Zip C	Code
		1000 4000 71 11 0					FL of changing its	rogistored
office or r	egistered agent, or both, in the State of	if Florida. Such change was aut:	horized by	the c	neo corpo orporation	ration submits this statement for the purporals board of directors. I hereby accept the a	appointment as re	gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Floric	la Statutes.	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agen	nt signa	ture required	when reinstating) DA	TE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	CD DELETE		1,1 TITLE			P	Change	Addition
NAME	ROGERS, YANDELL, JR.		1,2 NAME		- }			
STREET ADDRESS	5711 HILLCROFT		1,3 STREET ADDRESS		ESS			
CITY-ST-ZIP	HOUSTON TX		1,4 CITY-ST-ZIP					
TITLE	VP □ DELETE		2.1 TITLE				Change	Addition
NAME	SPRINGER, GEORGE		2.2 NAME		1			
STREET ADDRESS	327 BRYAN AVE.			2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. WORTH TX		2.4 CITY-ST-ZIP				☐ Change	☐ Addition
TITLE			3.1 TITLE 3.2 NAME		- {		onange	
NAME	TRITTON, ALBERT		3,3 STREET ADDRESS					
STREET ADDRESS	327 BRYAN AVE.		3,4. CITY-ST-ZIP		E33			
CITY-ST-ZIP	FT. WORTH TX ST \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		4.1 TITLE		-		Change	Addition
l	31		4, 2 NAME					
NAME STREET ADORESS	GEISSELBRECHT, ELVIN R. 5711 HILLCROFT		4.3 STREET	T ADDR	FSS			
CITY-ST-ZIP	HOUSTON TX		4,4 CITY-ST					
TITLE	VP	☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	RIDDELL, FRED		5.2 NAME					
STREET ADDRESS	829 SUTH 75TH ST		5.3 STREET	T ADDR	ESS			
CITY-ST-ZIP	HOUSTON TX 77023		5.4 CITY-ST	T-ZIP				

CITY-ST-ZIP 14. 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 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 appaddress, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change — Addition