FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:45

DOCUMENT # **P02426** **(5)**

1. Corporation Name
SOUTHEAST KINKO'S, INC.

Principal Place of Business	Mailing Address
6 CONCOURSE PKWY SUITE 2300 ATLANTA GA 30328 US	P.O. BOX 6015, TAX COMPLIANCE VENTURA CA 93002 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/15/1984**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: **58-1336324** ☐ Applied For ☐ Not Applicable

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

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAFORGE, MIKE
1170 N UNIVERSITY DR
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	KAUTZ, JOE	1.2 NAME	
STREET ADDRESS	6 CONCOURSE PKWY, SUITE 2300	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, JAMES R.	2.2 NAME	
STREET ADDRESS	6 CONCOURSE PKWY, SUITE 2300	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SUCHY, LYNN	3.2 NAME	
STREET ADDRESS	6 CONCOURSE PKWY, SUITE 2300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ORFALEA, PAUL	4.2 NAME	
STREET ADDRESS	255 W. STANLEY	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENTURA CA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, JAMES	5.2 NAME	
STREET ADDRESS	6 COUNCOURSE PKWY, SUITE 2300	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, BARBARA	6.2 NAME	
STREET ADDRESS	6 CONCOURSE PKWY SUITE 2300	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 [illegible] authorized 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 a blank effective date.

SIGNATURE: **JOE KAUTZ** **VICE PRESIDENT - FINANCE** 4/4/95 404-551-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491751 FN