

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90004 031 ***550.00

DOCUMENT # P99000015729

1. Entity Name
PRINTSOURCE USA, INC.

Principal Place of Business
ONE FINANCIAL PLAZA
100 SOUTHEAST THIRD AVENUE, SUITE 2108
FT. LAUDERDALE FL 33394

Mailing Address
ONE FINANCIAL PLAZA
100 SOUTHEAST THIRD AVENUE, SUITE 2108
FT. LAUDERDALE FL 33394

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
595 MARKET ST.
SUITE 2750
SAN FRANCISCO, CA
94105 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0905088** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, MICHAEL 100 SE 3RD AVENUE SUITE 2108 FT LAUDERDALE FL 33394	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARTIE, CRAIG 100 SE 3RD AVENUE SUITE 2108 FT LAUDERDALE FL 33394	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARBEY, SCOTT 100 SE 3RD AVE SUITE 2108 FT LAUDERDALE FL 33394	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLS, MICHAEL 100 SE 3RD AVENUE SUITE 2108 FT LAUDERDALE FL 33394	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONALD JENSEN 595 MARKET ST., SUITE 2750 SAN FRANCISCO, CA 94105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETER STEIN 595 MARKET ST., SUITE 2750 SAN FRANCISCO, CA 94105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W WILLIAM J. POZZI 595 MARKET ST., SUITE 2750 SAN FRANCISCO, CA 94105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

018426 AT

CR2E034 (5/01)