

2002 UNIFORM BUSINESS REPORT (UBR)

U191492 BR

DOCUMENT # P99000015729

1. Entity Name
PRINTSOURCE USA, INC.

FILED

02 OCT 15 PM 3:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

ONE FINANCIAL PLAZA **595 MARKET ST**
100 SOUTHEAST THIRD AVENUE, SUITE 2108 **SUITE 2750**
FT. LAUDERDALE FL 33394 **SAN FRANCISCO CA 94105**

2. Principal Place of Business 3. Mailing Address

595 Market St. **595 Market St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 2750 **Suite 2750**

City & State City & State
San Francisco CA **San Francisco CA**

Zip Country Zip Country
94105 **USA** **94105** **USA**

REINSTATEMENT

6. Name and Address of Current Registered Agent

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

4. FEI Number Applied For

65-0905088 Not Applicable

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

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

City **Plantation** State **FL** Zip Code **33324**

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 *Donal W. Boony* DATE **10/19/02**

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 13, 2002 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 | P JENSEN, RONALD 595 MARKET ST SUITE 2750 SAN FRANCISCO CA 94105 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STTEIN, PETER 595 MARKET ST SUITE 2750 SAN FRANCISCO CA 94105 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V POZZI, MARTIN J 595 MARKET ST SUITE 2750 SAN FRANCISCO CA 94105 <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 |
| 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 | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jack Kenney 595 Market Street, Suite 2750 San Francisco CA 94105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James McBride 595 Market Street, Suite 2750 San Francisco, CA 94105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Watkins 560 Mission St., 14th Floor San Francisco, CA 94105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Matthew Niehaus 560 Mission St., 14th Floor San Francisco, CA 94105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Duff Jr. Two Embarcadero Center, Suite 2300 San Francisco CA 94111 |
| 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* **CEO** **402.618.3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)