

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

0696925 AT

DOCUMENT # P99000015729

1. Entity Name  
PRINTSOURCE USA, INC.



04-11-2003 90117 004 \*\*\*150.00

Principal Place of Business  
595 MARKET STREET  
SUITE 2750  
SAN FRANCISCO CA 94105

Mailing Address  
595 MARKET STREET  
SUITE 2750  
SAN FRANCISCO CA 94105



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0905088

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME KENNEY, JACK  
STREET ADDRESS 595 MARKET ST SUITE 2750  
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D  Change  Addition  
NAME Jeffrey A. Sell  
STREET ADDRESS 270 Park Avenue, 20th Floor  
CITY-ST-ZIP New York, New York 10017

TITLE ST  Delete  
NAME MCBRIDE, JAMES  
STREET ADDRESS 595 MARKET ST SUITE 2750  
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE S/T/P  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME WATKINS, JOHN  
STREET ADDRESS 560 MISSION STREET, 14TH FLOOR  
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D  Change  Addition  
NAME Elisabeth Eisen  
STREET ADDRESS 270 Park Avenue, 20th Floor  
CITY-ST-ZIP NY, NY 10017

TITLE D  Delete  
NAME NIEHAUS, MATTHEW  
STREET ADDRESS 560 MISSION STREET, 14TH FLOOR  
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D  Change  Addition  
NAME Anna Marie Greer  
STREET ADDRESS 270 Park Avenue, 20th Floor  
CITY-ST-ZIP NY, NY 10017

TITLE D  Delete  
NAME DUFF, JOHN JR.  
STREET ADDRESS TWO EMBARCADERO CENTER, SUITE 2300  
CITY-ST-ZIP SAN FRANCISCO FL 94111

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03  
Date

(415) 618-3110  
Daytime Phone #

CR2E034 (10/02)