2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# S22362

Entity Name: COMPUFORM BUSINESS PRODUCTS, INC.

Current Principal Place of Business:

1528 OAK LACE COURT
JACKSONVILLE, FL 322252847 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 350519
JACKSONVILLE, FL 322350519 US

New Mailing Address:

FEI Number: 59-3043167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLISPIE, SAMMIE D.
1528 OAK LACE COURT
JACKSONVILLE, FL 322252847 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: GILLISPIE, SAMMIE D.
Address: 1528 OAK LACE COURT
City-St-Zip: JACKSONVILLE, FL 322252847 US

Title: D
Name: GILLISPIE, PATRICIA M.
Address: 1528 OAK LACE COURT
City-St-Zip: JACKSONVILLE, FL 322252847 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMMIE D GILLISPIE PRES 04/04/2011

Electronic Signature of Signing Officer or Director — Date