

# ARC DOCUMENT SOLUTIONS, INC.

Reported by  
**CODE ANDREW W**

## FORM 3

(Initial Statement of Beneficial Ownership)

Filed 02/03/05 for the Period Ending 02/03/05

Address	1981 N. BROADWAY, SUITE 385 WALNUT CREEK, CA 94596
Telephone	925 949-5100
CIK	0001305168
Symbol	ARC
Fiscal Year	12/31

# AMERICAN REPROGRAPHICS CO

## FORM 3

(Initial Statement of Beneficial Ownership)

Filed 2/3/2005 For Period Ending 2/3/2005

Address	700 NORTH CENTRAL AVENUE SUITE 550 GLENDALE, California 91203
Telephone	818-500-0225
CIK	0001305168
Fiscal Year	12/31

# FORM 3

**UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL  
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a)  
of the Public Utility Holding Company Act of 1935 or Section 30(h) of the  
Investment Company Act of 1940

1. Name and Address of Reporting Person * <b>CODE ANDREW W</b>  <small>(Last) (First) (Middle)</small>  <b>10 S. WACKER DRIVE, SUITE 3175</b>  <small>(Street)</small>  <b>CHICAGO, IL 60606</b>  <small>(City) (State) (Zip)</small>	2. Date of Event Requiring Statement (MM/DD/YYYY) <b>2/3/2005</b>	3. Issuer Name <b>and</b> Ticker or Trading Symbol  <b>American Reprographics CO [ARP]</b>
4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <span style="margin-left: 150px;"><input type="checkbox"/> 10% Owner</span> <input type="checkbox"/> Officer (give title below) <span style="margin-left: 100px;"><input type="checkbox"/> Other (specify below)</span>		
5. If Amendment, Date Original Filed (MM/DD/YYYY)  6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<b>Common Stock</b>	<b>17362686</b>	<b>I</b>	<b>See Footnote 1 (1)</b>

### Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

#### Explanation of Responses:

(1) Includes 17,334,221 shares held by ARC Acquisition Co., L.L.C. and 28,465 shares held by CHS Associates IV. Andrew W. Code is a member of the investment committee of Code Hennessy & Simmons LLC, the general partner of CHS Management IV, L.P., which in turn is the general partner of Code, Hennessy & Simmons IV, L.P., the sole member of ARC Acquisition Co., L.L.C. Code Hennessy & Simmons LLC is also the general partner of CHS Associates IV. Andrew Code may be deemed to beneficially own the shares owned by ARC Acquisition Co., L.L.C. and CHS Associates IV, but disclaims beneficial ownership of shares in which he does not have a pecuniary interest.

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>CODE ANDREW W</b>				

#### Signatures

/s/ **Andrew W.  
Code**

**2/3/2005**

Date

10 S. WACKER DRIVE, SUITE 3175	X			
CHICAGO, IL 60606				

\*\* Signature of Reporting  
Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

**End of Filing**



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