2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am DOCUMENT # F03000005271 **Secretary of State** سر 1. Entity Name 03-15-2004 90090 022 ***150.00 CANON BUSINESS SOLUTIONS-EAST, INC. Principal Place of Business Mailing Address 300 COMMERCE SQUARE BLVD. 300 COMMERCE SQUARE BLVD. **BURLINGTON NJ 08016** BURLINGTON NJ 08016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 13-2677004 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition UCHIDA, KINYA NAME NAME 300 COMMERCE SQUARE BLVD. STREET ADDRESS STREET ADDRESS **BURLINGTON NJ 08016** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete нце ☐ Change ☐ Addition NAME REED, WILLIAM NAME 300 COMMERCE SQUARE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BURLINGTON NJ 08016** CITY-ST-ZIP TITLE COB ☐ Delete TITLE ☐ Change ☐ Addition REED, WILLIAM NAME NAME 300 COMMERCE SQUARE-BLVD: ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BURLINGTON NJ 08016** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition UHNIAT, DENNIS NAME STREET ADDRESS 300 COMMERCE SQUARE BLVD. STREET ADDRESS CITY-ST-ZIP **BURLINGTON NJ 08016** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition ROBINSON, TIMOTHY NAME NAME 300 COMMERCE SQUARE BLVD. STREET ADDRESS STREET ADDRESS **BURLINGTON NJ 08016** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LIEBMAN, SEYMOUR NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

300 COMMERCE SQUARE BLVD.

BURLINGTON NJ 08016

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2004

Daytime Phone #

FILED