

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005271 1. Entity Name CANON BUSINESS SOLUTIONS-EAST, INC.	
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Principal Place of Business 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	Mailing Address 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
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02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2677004	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE **03/07/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

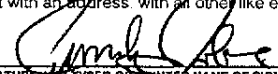
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

03/07/05-80003-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB REED, WILLIAM 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P UHNIAT, DENNIS 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP ROBINSON, TIMOTHY 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LIEBMAN, SEYMOUR 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/05 **609-239-6301**
Date Daytime Phone #