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.

Principal Place of Business	Mailing Address
300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016

02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2677004
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000252038
03/07/05-80003-010 150.00

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

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	REED, WILLIAM
STREET ADDRESS	300 COMMERCE SQUARE BLVD.
CITY-ST-ZIP	BURLINGTON, NJ 08016
TITLE	P
NAME	UHNIAT, DENNIS
STREET ADDRESS	300 COMMERCE SQUARE BLVD.
CITY-ST-ZIP	BURLINGTON, NJ 08016
TITLE	SVP
NAME	ROBINSON, TIMOTHY
STREET ADDRESS	300 COMMERCE SQUARE BLVD.
CITY-ST-ZIP	BURLINGTON, NJ 08016
TITLE	ST
NAME	LIEBMAN, SEYMOUR
STREET ADDRESS	300 COMMERCE SQUARE BLVD.
CITY-ST-ZIP	BURLINGTON, NJ 08016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: _____ 2/24/05 609-239-6301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #