

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90075 013 ***150.00

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1. Entity Name
CANON BUSINESS SOLUTIONS-EAST, INC.



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

Mailing Address
**300 COMMERCE SQUARE BLVD.
BURLINGTON, NJ 08016**

40052614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

13-2677004

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB REED, WILLIAM 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UHNIAT, DENNIS 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ROBINSON, TIMOTHY 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIEBMAN, SEYMOUR 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Dennis Uhnat, President

4/11/06

Date

Daytime Phone #