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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004201 (9)**  
1. Corporation Name:  
**GLOBAL IMAGING SYSTEMS, INC.**

Principal Place of Business: **P.O. BOX 273478 TAMPA FL 33688**  
Mailing Address: **P.O. BOX 273478 TAMPA FL 33688**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1994**      3a. Date of Last Report

4. FEI Number: **59-3247752**      Applied For:  Not Applicable

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

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

9. This corporation has liability for intangible tax under S. 100.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

Suite, Apt. #, etc: **22**      Suite, Apt. #, etc: **27**

City & State: **23**      City & State: **28**

Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_      FL      85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature (typed or printed name of registered agent and fee if applicable)      (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | JOHNSON, THOMAS S   |
| STREET ADDRESS | P.O. BOX 273478 N/A |
| CITY, ST, ZIP  | TAMPA FL 33688      |
| TITLE          | VST                 |
| NAME           | SCHILLING, RAYMOND  |
| STREET ADDRESS | P.O. BOX 273478 N/A |
| CITY, ST, ZIP  | TAMPA FL 33688      |
| TITLE          | D                   |
| NAME           | THOMA, CARL D       |
| STREET ADDRESS | 233 S. WACKER DR.   |
| CITY, ST, ZIP  | CHICAGO IL 60606    |
| TITLE          | D                   |
| NAME           | GONYO, JEFFREY A    |
| STREET ADDRESS | 233 S. WACKER DR.   |
| CITY, ST, ZIP  | CHICAGO IL 60606    |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY, ST, ZIP  |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY, ST, ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY, ST, ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY, ST, ZIP  |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY, ST, ZIP  |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Schilling*      4/17/95      (813) 960-5508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number