

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90011 010 ***150.00

DOCUMENT # F94000004201

1. Entity Name
GLOBAL IMAGING SYSTEMS, INC.

Principal Place of Business 3820 NORTHDAL BLVD. SUITE 200 A TAMPA FL 33624		Mailing Address P.O. BOX 273478 TAMPA FL 33688-3478	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE PD		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, THOMAS S			NAME	JOHNSON, THOMAS S.		
STREET ADDRESS	13902 N. DALE MABRY, SUITE 300			STREET ADDRESS	3820 Northdale Blvd., Ste. 200A		
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP	Tampa, FL 33624		
TITLE	VST	<input type="checkbox"/> Delete		TITLE VST		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHILLING, RAYMOND			NAME	SCHILLING, RAYMOND		
STREET ADDRESS	13902 N. DALE MABRY, SUITE 300			STREET ADDRESS	3820 Northdale Blvd., Ste. 200A		
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP	Tampa, FL 33624		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMA, CARL D			NAME			
STREET ADDRESS	233 S. WACKER DR.			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KESSINGER, WILL			NAME			
STREET ADDRESS	6100 SEARS TOWER			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE D		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THOMA, CARL D.			NAME	LLOYD, MARK		
STREET ADDRESS	6100 SEARS TOWER			STREET ADDRESS	3170 Reps Miller Rd., Ste. 190		
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP	Norcross, GA 30071		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORCHOW, BRUCE			NAME			
STREET ADDRESS	225 W WACKER, SUITE 1200			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____ DATE: 1/17/00 DAYTIME PHONE: 813/960650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR