## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F94000004201

Entity Name: GLOBAL IMAGING SYSTEMS, INC.

FILED Jan 16, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3820 NORTHDALE BLVD. SUITE 200 A TAMPA, FL 33624 **Current Mailing Address: New Mailing Address:** P.O. BOX 273478 TAMPA, FL 33688 FEI Number: 59-3247752 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition JOHNSON, THOMAS S JOHNSON, THOMAS S Name: Name: 3820 NORTHDALE BLVD STE 200A 3820 NORTHDALE BLVD STE 200A Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624 VST Title: Title: () Delete (X) Change ( ) Addition Name: SCHILLING, RAYMOND Name: SCHILLING, RAYMOND 3820 NORTHDALE BLVD STE 200A 3820 NORTHDALE BLVD STE 200A Address: Address: TAMPA, FL 33624 TAMPA, FL 33624 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: ( ) Delete D/C THOMA, CARL D THOMA, CARL D Name: Name: 233 S. WACKER DR. 233 S. WACKER DR. Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606 Title: ( ) Delete Title: () Change () Addition KESSINGER, WILL Name: Name: Address: 6100 SEARS TOWER Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: Title: ( ) Delete () Change () Addition LLOYD, MARK Name: Name: 3170 REPS MILLER RD STE 190 Address: Address: City-St-Zip: NORCROSS, GA 30071 City-St-Zip: Title: () Delete Title: () Change () Addition GORCHOW, BRUCE Name: Name: 225 W WACKER, SUITE 1200 Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND SCHILLING V/T 01/16/2002