
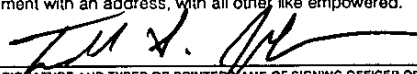


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90095 001 \*\*\*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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3247752	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, THOMAS S		NAME		
STREET ADDRESS	3820 NORTHDAL BLVD STE 200A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	V/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHILLING, RAYMOND		NAME		
STREET ADDRESS	3820 NORTHDAL BLVD STE 200A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	SRV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEA, MICHAEL		NAME		
STREET ADDRESS	31 INWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	ROCKY HILL, CT 06067		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIEIRA, ALFRED		NAME		
STREET ADDRESS	3820 NORTHDAL BLVD STE 200A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, TODD		NAME		
STREET ADDRESS	3820 NORTHDAL BLVD STE 200A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLARY, CECIL		NAME		
STREET ADDRESS	3820 NORTHDAL BLVD STE 200A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
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: 		Todd S. Johnson		2-22-05 813-960-5508	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

20020850



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3247752 Applied For Not Applicable

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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

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SIGNATURE:  Todd S. Johnson 2-22-05 813-960-5508  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

80020850  
# F94000004201

Title Assistant Secretary  
Name Christopher Hagan  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title Assistant Secretary  
Name J. Hovey Kemp  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title V  
Name Mike Moore  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

# ATTACHMENT

20020850  
#F 94000004201

## 2005 For Profit Corporation Annual Report

Additions Officers and Directors
----------------------------------

Title Director  
Name Edward J. Smith  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title Director  
Name M. Lazane Smith  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title Director  
Name Daniel T. Hendrix  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title Director  
Name Edward Patrone  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title Director  
Name R. Eric McCarthey  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title Director  
Name Mark A. Harris  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title V  
Name Peter Shoemaker  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title V  
Name Teresa Dunn  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624

Title V / S  
Name Lawrence Paine  
Street Address 3820 Northdale Blvd., Suite 200A  
City-St-Zip Tampa, FL. 33624