

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90085 037 \*\*\*150.00

**DOCUMENT # F94000004201**



1. Entity Name  
**GLOBAL IMAGING SYSTEMS, INC.**

Principal Place of Business  
**3820 NORTHALE 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**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	JOHNSON, THOMAS S	3820 NORTHALE BLVD STE 200A	TAMPA FL 33624	<input type="checkbox"/>
V/T	SCHILLING, RAYMOND	3820 NORTHALE BLVD STE 200A	TAMPA FL 33624	<input type="checkbox"/>
D/C	THOMA, CARL D	233 S. WACKER DR.	CHICAGO IL 60606	<input type="checkbox"/>
D	KESSINGER, WILL	6100 SEARS TOWER	CHICAGO IL 60606	<input checked="" type="checkbox"/>
D	LLOYD, MARK	3170 REPS MILLER RD STE 190	NORCROSS GA 30071	<input checked="" type="checkbox"/>
D	GORCHOW, BRUCE	225 W WACKER, SUITE 1200	CHICAGO IL 60606	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	Vieira, Alfred	3820 Northdale Blvd, Ste 200A	Tampa, FL. 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Todd Johnson	3820 Northdale Blvd, STE 200A	Tampa, FL. 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	McClary, Cecil	3820 Northdale Blvd, STE 200A	Tampa, FL. 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2003  
Date

(813) 960-5508  
Daytime Phone #

CR2E034 (10/02)