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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000005239 (6)**

1. Corporation Name
DANKA OFFICE IMAGING COMPANY

Principal Place of Business	Mailing Address
11201 DANKA CIRCLE NORTH ST PETERSBURG FL 33716	11201 DANKA CIRCLE NORTH ST PETERSBURG FL 33716-3712

3. Date Incorporated or Qualified: **10/09/1996** | 3a. Date of Last Report:

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: 11201 Danka Circle N.
27: Suite, Apt. #, etc.: Tax Department
28: City & State: St. Petersburg FL
29: Zip: 33716 30: Country: US

4. FEI Number: **APPLIED FOR** 59-3407614 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	AT	☐ Change ☒ Addition
NAME	DOYLE, DANIEL M		1.2 NAME	Gary M. McGrath	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		1.3 STREET ADDRESS	11201 Danka Circle N.	
CITY-ST-ZIP	ST PETERSBURG FL 33716		1.4 CITY-ST-ZIP	St Petersburg FL 33716	
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SNELL, DAVID C		2.2 NAME		
STREET ADDRESS	11201 DANKA CIRCLE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEIER, PETER G		3.2 NAME		
STREET ADDRESS	11201 DANKA CIRCLE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, DEBRA A		4.2 NAME		
STREET ADDRESS	11201 DANKA CIRCLE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, WILLIAM T		5.2 NAME		
STREET ADDRESS	11201 DANKA CIRCLE NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THORN, W. T III		6.2 NAME		
STREET ADDRESS	11201 DANKA CIRCLE NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: SIGNATURE REQUIRED Gary M. McGrath 4/17/97 (813)576-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #