


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P09062
 1. Entity Name
 LANIER WORLDWIDE, INC.



Principal Place of Business _____ Mailing Address _____
 2300 PARKLAKE DRIVE N E 2300 PARKLAKE DRIVE N E
 ATLANTA, GA 30345 ATLANTA, GA 30345

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2606737** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOTO, NORISHIA 2300 PARKLAKE DR NE ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIX, PAUL B 2300 PARKLAKE DR NE ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MCBRAYER, STEVEN 2300 PARKLAKE DR ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RESS, TOM A 2300 PARKLAKE DR NE ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOT DONALDSON, RANDALL E 2300 PARKLAKE DR NE ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOSHIDA, KATSUMI 2300 PARKLAKE DR NE ATLANTA, GA 30345

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00000183659
 01/19/05-80075-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 (770) 621-1601
Date Daytime Phone #