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FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000004201 (9)

1. Corporation Name

GLOBAL IMAGING SYSTEMS, INC.

Principal Place of Business

P.O. BOX 273478
TAMPA FL 33688

Mailing Address

P.O. BOX 273478
TAMPA FL 33688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1994

4. FEI Number

59-3247752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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29

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JOHNSON, THOMAS S
STREET ADDRESS P.O. BOX 273478 N/A
CITY-ST-ZIP TAMPA FL 33688

TITLE VST ☐ DELETE

NAME SCHILLING, RAYMOND
STREET ADDRESS P.O. BOX 273478 N/A
CITY-ST-ZIP TAMPA FL 33688

TITLE D ☐ DELETE

NAME THOMA, CARL D
STREET ADDRESS 233 S. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60608

TITLE D ☐ DELETE

NAME KESSINGER, WILL
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ DELETE

NAME THOMA, CARL D.
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ DELETE

NAME GORCHOW, BRUCE
STREET ADDRESS 225 W WACKER, SUITE 1200
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME JOHNSON, THOMAS S.
1.3 STREET ADDRESS 13902 N. DALE MABRY, SUITE 300
1.4 CITY-ST-ZIP TAMPA, FL 33618

2.1 TITLE VST ☒ Change ☐ Addition

2.2 NAME SCHILLING, RAYMOND
2.3 STREET ADDRESS 13902 N. DALE MABRY, SUITE 300
2.4 CITY-ST-ZIP TAMPA, FL 33618

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME BERNEY, NEAL
3.3 STREET ADDRESS 13902 N. DALE MABRY, SUITE 300
3.4 CITY-ST-ZIP TAMPA, FL 33618

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME KESSINGER, WILL
4.3 STREET ADDRESS 6100 SEARS TOWER
4.4 CITY-ST-ZIP CHICAGO, IL 60606

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME THOMA, CARL D.
5.3 STREET ADDRESS 6100 SEARS TOWER
5.4 CITY-ST-ZIP CHICAGO, IL 60606

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME GORCHOW, BRUCE
6.3 STREET ADDRESS 225 WEST WACKER, SUITE 1200
6.4 CITY-ST-ZIP CHICAGO, IL 60606

14. 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 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.

CP2E034 (10/97)