

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90073 018 \*\*\*150.00

DOCUMENT # F96000005239

1. Corporation Name

DANKA OFFICE IMAGING COMPANY

Principal Place of Business  
11201 DANKA CIRCLE NORTH  
ST PETERSBURG FL 33716

Mailing Address  
11201 DANKA CIRCLE NO  
TAX DEPARTMENT  
ST PETERSBURG FL 33716  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

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 owes the current year Intangible  
Personal Property Tax.

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

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	CD	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, DANIEL M	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SNELL, DAVID C	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEIER, PETER G	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERG, DAVID P	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SUIJK, PAUL K	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	THORN, W. T III	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brian L. Merriman	
1.3 STREET ADDRESS	11201 Danka Circle N.	
1.4 CITY-ST-ZIP	St. Petersburg FL 33716	
2.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Larry K. Switzer	
2.3 STREET ADDRESS	11201 Danka Circle N.	
2.4 CITY-ST-ZIP	St. Petersburg FL 33716	
3.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	F. Mark Wolfinger	
3.3 STREET ADDRESS	11201 Danka Circle N.	
3.4 CITY-ST-ZIP	St. Petersburg FL 33716	
4.1 TITLE	SIN ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michel Ambland	
5.3 STREET ADDRESS	11201 Danka Circle N.	
5.4 CITY-ST-ZIP	St. Petersburg FL 33716	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	L. Jean Berry	
6.3 STREET ADDRESS	11201 Danka Circle N.	
6.4 CITY-ST-ZIP	St. Petersburg FL 33716	

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, with all other like empowered.

SIGNATURE: *L. Jean Berry* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(727) 576-6003

Daytime Phone #

CR2E034 (11/98)