


FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90064 013 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80128019

DOCUMENT # F99000006584					
1. Entity Name BANCTEC, INC.					
Principal Place of Business 2701 E GRAUWYLER ROAD BLDG 1 IRVING, TX 75061			Mailing Address 2701 E GRAUWYLER ROAD TAX DEPT., N/S 11 IRVING, TX 75061		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 75-1559633	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when applicable.)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$160.00 <small>After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</small>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRISMAN, CRAIG		NAME	CRAIG CRISMAN	
STREET ADDRESS	2701 EAST GRAUWYLER ROAD		STREET ADDRESS	2701 E. Grauwyler Rd.	
CITY-ST-ZIP	IRVING, TX 75061		CITY-ST-ZIP	IRVING, TX 75061	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE NICOLA, ANTHONY		NAME		
STREET ADDRESS	2701 EAST GRAUWYLER ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75061		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAIRCHILD, MARK D.		NAME		
STREET ADDRESS	2701 EAST GRAUWYLER ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75061		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILDEBECK, JAMES S		NAME		
STREET ADDRESS	2701 EAST GRAUWYLER ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75061		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, BRIAN		NAME		
STREET ADDRESS	2701 EAST GRAUWYLER ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75061		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANI, SANJAY		NAME		
STREET ADDRESS	2701 EAST GRAUWYLER ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75061		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 507, 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: <i>Brian R Stone</i> CFO			6-20-03 972-579-6000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

CH21034 (10/02)