2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
03-02-2004 90006 033 ***150.00

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1. Entity Name
ELECTRONIC IMAGING SERVICES, INC.

44014468

Principal Place of Business	Mailing Address
7304 KANIS ROAD LITTLE ROCK, AR 72204	7304 KANIS ROAD LITTLE ROCK, AR 72204

01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0790011
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARDWELL, STEVE
STREET ADDRESS	7304 KANIS ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72204
TITLE	VT
NAME	McKENZIE, TIMOTHY
STREET ADDRESS	7304 KANIS ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72204
TITLE	ST
NAME	CHERRY, II, MARK
STREET ADDRESS	7304 KANIS ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72204
TITLE	D
NAME	O'BRIEN, DANA
STREET ADDRESS	5 HENDERSON DRIVE
CITY-ST-ZIP	WEST CALDWELL, NJ 07006
TITLE	D
NAME	LARSON, STEPHEN
STREET ADDRESS	5 HENDERSON DRIVE
CITY-ST-ZIP	WEST CALDWELL, NJ 07006
TITLE	CD
NAME	CARTUN, JOEL
STREET ADDRESS	5 HENDERSON DRIVE
CITY-ST-ZIP	WEST CALDWELL, NJ 07006

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12. 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 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: Mark Cherry, CFO, Asst. Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #