

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90014 037 ***150.00

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DOCUMENT # F03000005519 1. Entity Name ELECTRONIC IMAGING SERVICES, INC.					
Principal Place of Business 7304 KANIS ROAD LITTLE ROCK, AR 72204			Mailing Address 7304 KANIS ROAD LITTLE ROCK, AR 72204		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 71-0790011	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARDWELL, STEVE 7304 KANIS ROAD LITTLE ROCK, AR 72204 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Ami Beers 5 Henderson Dr. West Caldwell, NJ 07006 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MAKENZIE, TIMOTHY 7304 KANIS ROAD LITTLE ROCK, AR 72204 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CHERRY, MARK 7304 KANIS ROAD LITTLE ROCK, AR 72204 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, DANA 5 HENDERSON DRIVE WEST CALDWELL, NJ 07006 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSON, STEPHEN 5 HENDERSON DRIVE WEST CALDWELL, NJ 07006 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CARTUN, JOEL 5 HENDERSON DRIVE WEST CALDWELL, NJ 07006 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>Ami Beers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>7/11/05</i> Daytime Phone #: <i>973-882-7000</i>		