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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
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DOCUMENT # **F93000001517 (2)**

1. Corporation Name

KIS IMAGING SERVICES, INC.

Principal Place of Business

Mailing Address

**12201 DANKA CIRCLE N.
ROCHESTER NY 14650-0904
US**

**11201 DANKA CIRCLE N.
TAX DEPARTMENT
ST PETERSBURG FL 33716**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1993	
21 11201 Danka Circle N		26 11201 Danka Circle N		4. FEI Number 16-1276049	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22 ST. PETERSBURG, FL		27 ST. PETERSBURG, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 ST. PETERSBURG, FL		28 ST. PETERSBURG, FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 33716		Country			
24 33716		25 FL		29 FL	

g. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, PETER G	1.2 NAME	
STREET ADDRESS	12201 DANKA CIRCLE N.	1.3 STREET ADDRESS	11201 Danka Circle North
CITY-ST-ZIP	ROCHESTER NY 14650-0904	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELL, DAVID C	2.2 NAME	
STREET ADDRESS	12201 DANKA CIRCLE N.	2.3 STREET ADDRESS	11201 Danka Circle North
CITY-ST-ZIP	ROCHESTER NY 14650-0904	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DEBRA A	3.2 NAME	R. Paul Umberg
STREET ADDRESS	12201 DANKA CIRCLE N.	3.3 STREET ADDRESS	11201 Danka Circle North
CITY-ST-ZIP	ROCHESTER NY 14650-0904	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, WILLIAM T	4.2 NAME	John m. Crandall
STREET ADDRESS	12201 DANKA CIRCLE N.	4.3 STREET ADDRESS	11201 DANKA Circle North
CITY-ST-ZIP	ROCHESTER NY 14650-0904	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GRATH, GARY M	5.2 NAME	David P Berg
STREET ADDRESS	12201 DANKA CIRCLE N.	5.3 STREET ADDRESS	11201 Danka Circle North
CITY-ST-ZIP	ROCHESTER NY 14650-0904	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESNICK, CHARLES R	6.2 NAME	Edward J. Marino
STREET ADDRESS	12201 DANKA CIRCLE N.	6.3 STREET ADDRESS	11201 DANKA Circle North
CITY-ST-ZIP	ROCHESTER NY 14650-0904	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 in an attachment with an address.

SIGNATURE:

David P Berg

11/10/97 (112) 831-1m3

CR2E034 (10/97)