

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 25, 1999 8:00 am
Secretary of State

04-25-1999 90044 036 ***150.00

DOCUMENT # F93000001517

1. Corporation Name

KIS IMAGING SERVICES, INC.

Principal Place of Business
11201 DANKA CIRCLE N
ST PETERSBURG FL 33716
US

Mailing Address
11201 DANKA CIRCLE N.
TAX DEPARTMENT
ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1993

4. FEI Number

16-1276049

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME MEIER, PETER G
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE VD ☒ DELETE
NAME SNELL, DAVID C
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE D ☒ DELETE
NAME UMBERG, R P
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE T ☒ DELETE
NAME CRANDALL, JOHN M
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE S ☐ DELETE
NAME BERG, DAVID P
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE P ☒ DELETE
NAME MARINO, EDWARD J
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33716

1.1 TITLE P/D ☐ Change ☒ 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 V/D ☐ Change ☒ 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 V/D ☐ Change ☒ 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 V ☐ Change ☒ Addition
4.2 NAME Michel Ambland
4.3 STREET ADDRESS 11201 Danka Circle N.
4.4 CITY-ST-ZIP St. Petersburg FL 33716

5.1 TITLE S/D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE V ☐ Change ☒ 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)