

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004201 (9)**

1. Corporation Name
GLOBAL IMAGING SYSTEMS, INC.



Principal Place of Business: P.O. BOX 273478 TAMPA FL 33688
Mailing Address: P.O. BOX 273478 TAMPA FL 33688

3. Date Incorporated or Qualified: **08/12/1994**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-3247752**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JOHNSON, THOMAS S
STREET ADDRESS	P.O. BOX 273478 N/A
CITY-ST-ZIP	TAMPA FL 33688
TITLE	VST
NAME	SCHILLING, RAYMOND
STREET ADDRESS	P.O. BOX 273478 N/A
CITY-ST-ZIP	TAMPA FL 33688
TITLE	D
NAME	THOMA, CARL D
STREET ADDRESS	233 S. WACKER DR.
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	D
NAME	GONYO, JEFFREY A
STREET ADDRESS	233 S. WACKER DR.
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D
3.2 NAME	KESSINGER, WILL
3.3 STREET ADDRESS	6100 SEARS TOWER
3.4 CITY-ST-ZIP	CHICAGO, IL 60606
4.1 TITLE	D
4.2 NAME	THOMA, CARL D
4.3 STREET ADDRESS	6100 SEARS TOWER
4.4 CITY-ST-ZIP	CHICAGO, IL 60606
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ray Schilling* **RAYMOND SCHILLING 4/8/96 (813)960-5508**

CR2E034 (12/95)