


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004201 (9)**

1. Corporation Name  
**GLOBAL IMAGING SYSTEMS, INC.**



Principal Place of Business <b>P.O. BOX 273478                  TAMPA FL 33688</b>	Mailing Address <b>P.O. BOX 273478                  TAMPA FL 33688-3478</b>
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3. Date incorporated or Qualified <b>08/12/1994</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-3247752</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 S. PINE ISLAND RD.                  PLANTATION FL 33324</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL</b>
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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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>JOHNSON, THOMAS S</b>	1.1 TITLE <b>D</b>	1.2 NAME <b>BERNEY, NEAL</b>
STREET ADDRESS <b>P.O. BOX 273478 N/A</b>	STREET ADDRESS <b>TAMPA FL 33688</b>	1.3 STREET ADDRESS <b>PO BOX 273478</b>	1.4 CITY-ST-ZIP <b>TAMPA FL 33688</b>
CITY-ST-ZIP <b>TAMPA FL 33688</b>		2.1 TITLE <b>D</b>	2.2 NAME <b>GORCHOW, BRUCE</b>
TITLE <b>VST</b>	NAME <b>SCHILLING, RAYMOND</b>	2.3 STREET ADDRESS <b>225 WEST WACKER, SUITE 1200</b>	2.4 CITY-ST-ZIP <b>CHICAGO, IL 60606</b>
STREET ADDRESS <b>P.O. BOX 273478 N/A</b>	STREET ADDRESS <b>TAMPA FL 33688</b>	3.1 TITLE <b>D</b>	3.2 NAME <b>THOMA, CARL D</b>
CITY-ST-ZIP <b>TAMPA FL 33688</b>		3.3 STREET ADDRESS <b>233 S. WACKER DR.</b>	3.4 CITY-ST-ZIP <b>CHICAGO IL 60606</b>
TITLE <b>D</b>	NAME <b>THOMA, CARL D</b>	4.1 TITLE <b>D</b>	4.2 NAME <b>KESSINGER, WILL</b>
STREET ADDRESS <b>233 S. WACKER DR.</b>	STREET ADDRESS <b>CHICAGO IL 60606</b>	4.3 STREET ADDRESS <b>6100 SEARS TOWER</b>	4.4 CITY-ST-ZIP <b>CHICAGO IL</b>
CITY-ST-ZIP <b>CHICAGO IL 60606</b>		5.1 TITLE <b>D</b>	5.2 NAME <b>THOMA, CARL D.</b>
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STREET ADDRESS <b>6100 SEARS TOWER</b>	STREET ADDRESS <b>CHICAGO IL</b>	6.1 TITLE <b>D</b>	6.2 NAME <b>RAYMOND SCHILLING</b>
CITY-ST-ZIP <b>CHICAGO IL</b>		6.3 STREET ADDRESS <b>1/20/97</b>	6.4 CITY-ST-ZIP <b>(813) 960-5508</b>

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14. I do 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.

**SIGNATURE:** *Raymond Schilling* **RAYMOND SCHILLING 1/20/97 (813) 960-5508**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0360014

CR2E034 (9/96)