

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

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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3247752	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, THOMAS S		1.2 NAME	JOHNSON, THOMAS S.	
STREET ADDRESS	P.O. BOX 273478 N/A		1.3 STREET ADDRESS	13902 N. DALE MABRY, SUITE 300	
CITY-ST-ZIP	TAMPA FL 33688		1.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLING, RAYMOND		2.2 NAME	SCHILLING, RAYMOND	
STREET ADDRESS	P.O. BOX 273478 N/A		2.3 STREET ADDRESS	13902 N. DALE MABRY, SUITE 300	
CITY-ST-ZIP	TAMPA FL 33688		2.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMA, CARL D		3.2 NAME	BERNEY, NEAL	
STREET ADDRESS	233 S. WACKER DR.		3.3 STREET ADDRESS	13902 N. DALE MABRY, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60608		3.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSINGER, WILL		4.2 NAME	KESSINGER, WILL	
STREET ADDRESS	6100 SEARS TOWER		4.3 STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMA, CARL D.		5.2 NAME	THOMA, CARL D.	
STREET ADDRESS	6100 SEARS TOWER		5.3 STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORCHOW, BRUCE		6.2 NAME	GORCHOW, BRUCE	
STREET ADDRESS	225 W WACKER, SUITE 1200		6.3 STREET ADDRESS	225 WEST WACKER, SUITE 1200	
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP	CHICAGO, IL 60606	

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.

CP2E034 (10/97)

Handwritten signatures and dates: 2/19/98