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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90032 009 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000004201

1. Corporation Name
GLOBAL IMAGING SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 13902 NORTH DALE MABRY HWY. 13902 NORTH DALE MABRY HWY.
 SUITE 300 SUITE 300
 TAMPA FL 33618 TAMPA FL 33618

3. Date Incorporated or Qualified
08/12/1994

4. FEI Number Applied For
59-3247752 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 **3820 Northdale Blvd,** 26 **P.O. Box 273478**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 200A** 27

City & State City & State

23 **TAMPA, FLORIDA** 28 **Tampa, Florida**

Zip Country Zip Country

24 **33624** 25 **USA** 29 **33688** 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 **N/A**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, THOMAS S	
STREET ADDRESS	13902 N. DALE MABRY, SUITE 300	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SCHILLING, RAYMOND	
STREET ADDRESS	13902 N. DALE MABRY, SUITE 300	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMA, CARL D	
STREET ADDRESS	233 S. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KESSINGER, WILL	
STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMA, CARL D.	
STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORCHOW, BRUCE	
STREET ADDRESS	225 W WACKER, SUITE 1200	
CITY-ST-ZIP	CHICAGO IL 60606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: S. Schilling 3/26/99 813-960-5508

CR2E034 (11/98)