

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90011 010 ***150.00

DOCUMENT # F94000004201

1. Entity Name
GLOBAL IMAGING SYSTEMS, INC.

Principal Place of Business 3820 NORTHDAL BLVD. SUITE 200 A TAMPA FL 33624		Mailing Address P.O. BOX 273478 TAMPA FL 33688-3478	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3247752** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		7. Name and Address of New Registered Agent	
		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____ FL Zip Code _____	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	JOHNSON, THOMAS S 13902 N. DALE MABRY, SUITE 300 TAMPA FL 33618	TITLE PD	JOHNSON, THOMAS S. 3820 Northdale Blvd., Ste. 200A Tampa, FL 33624
TITLE VST	SCHILLING, RAYMOND 13902 N. DALE MABRY, SUITE 300 TAMPA FL 33618	TITLE VST	SCHILLING, RAYMOND 3820 Northdale Blvd., Ste. 200A Tampa, FL 33624
TITLE D	THOMA, CARL D 233 S. WACKER DR. CHICAGO IL 60606	TITLE	
TITLE D	KESSINGER, WILL 6100 SEARS TOWER CHICAGO IL 60606	TITLE	
TITLE D	THOMA, CARL D 6100 SEARS TOWER CHICAGO IL 60606	TITLE D	LLOYD, MARK 3170 Reps Miller Rd., Ste. 190 Norcross, GA 30071
TITLE D	GORCHOW, BRUCE 225 W WACKER, SUITE 1200 CHICAGO IL 60606	TITLE	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____ **1/17/00** **813/960650**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #