

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004201

Entity Name: GLOBAL IMAGING SYSTEMS, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

3820 NORTHDAL BLVD.
SUITE 200 A
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273478
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-3247752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: JOHNSON, THOMAS S
Address: 3820 NORTHDAL BLVD STE 200A
City-St-Zip: TAMPA, FL 33624

Title: CFO () Delete
Name: MOORE, C. MICHAEL
Address: 3820 NORTHDAL BLVD STE 200A
City-St-Zip: TAMPA, FL 33624

Title: PCOO () Delete
Name: SHEA, MICHAEL
Address: 3820 NORTHDAL BLVD STE 200A
City-St-Zip: TAMPA, FL 33624

Title: EVP () Delete
Name: SHOEMAKER, PETER
Address: 3820 NORTHDAL BLVD STE 200A
City-St-Zip: TAMPA, FL 33624

Title: SGC () Delete
Name: PAINE, LAWRENCE
Address: 3820 NORTHDAL BLVD STE 200A
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCOO (X) Change () Addition
Name: SHEA, MICHAEL
Address: 3820 NORTHDAL BLVD STE 200A
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: SCHULMAN, PAUL A
Address: 3820 NORTHDAL BLVD STE 200A
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE PAINE

SGC

01/15/2009

Electronic Signature of Signing Officer or Director

Date