

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000499 (2)

1. Corporation Name

NU-KOTE IMAGING INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

CORPORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE

CORPORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number

75-
APPLIED FOR 2578014

Applied For
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 has liability for intangible tax under s 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP: ☒ DELETE
NAME BRIGANTE, DAVID F
STREET ADDRESS 17950 PRESTON ROAD, STE. 690 LB21
CITY-STATE-ZIP DALLAS TX 75252

TITLE CV: ☐ DELETE
NAME KUNOTH, PETER D
STREET ADDRESS 17950 PRESTON ROAD, STE. 690 LB21
CITY-STATE-ZIP DALLAS TX 75252

TITLE DT: ☐ DELETE
NAME KERRANE, DANIEL M
STREET ADDRESS 17950 PRESTON ROAD, STE. 690 LB21
CITY-STATE-ZIP DALLAS TX 75252

TITLE DS: ☐ DELETE
NAME SCHMECK, ANTHONY G
STREET ADDRESS 17950 PRESTON ROAD, STE. 690 LB21
CITY-STATE-ZIP DALLAS TX 75252

TITLE: ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE: ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Treasurer ☐ Change ☒ Addition
1.2 NAME Steven Di Pasquale
1.3 STREET ADDRESS 17950 Preston Road, Suite 690
1.4 CITY-STATE-ZIP Dallas, TX 75252

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)