

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 30 1998 8:00am
 Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 CORPORATION TRUST CENTER 1209 ORANGE ST. WILMINGTON DE | Mailing Address CORPORATION TRUST CENTER 1209 ORANGE ST. WILMINGTON DE |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|-----------------------------|
| 2. Principal Place of Business 21 200 Beasley Drive Suite, Apt. #, etc. 22 City & State 23 Franklin, TN Zip 24 37064 | 2a. Mailing Address 26 200 Beasley Drive Suite, Apt. #, etc. 27 City & State 28 Franklin, TN Zip 29 37064 | Country 25 USA 30 USA |
|---|--|-----------------------------|

| | | |
|--|--------------------------------|--|
| 3. Date incorporated or Qualified 01/30/1995 | 4. FEI Number 75-2578014 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 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
**CT CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT DIPASQUALE, STEVEN 17050 PRESTON ROAD, STE. 690 LB21 DALLAS TX | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT KERRANE, DANIEL M 17050 PRESTON ROAD, STE. 690 LB21 DALLAS TX 75252 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SCHMECK, ANTHONY G 17050 PRESTON ROAD, STE. 690 LB21 DALLAS TX 75252 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | CEO Shaun Donnellan 200 Beasley Drive Franklin, TN 37064-3908 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VP-General Manager Bill Ligon 200 Beasley Drive Franklin, TN 37064 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | General Counsel & Secretary Richard Larsen 1700 Pacific Ave., #4100 Dallas, TX 75201 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | CFO Phil Theodore 200 Beasley Drive Franklin, TN 37064 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 supplement if 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]* 7-22-98 (615) 794-9000

CR2E034 (5/98)