

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 30 1998 8:00am
Secretary of State

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 **Franklin, TN**

City & State

23 **Franklin, TN**

Zip

24 **37064**

Country
USA

25 **USA**

2a. Mailing Address

26 **200 Beasley Drive**

Suite, Apt. #, etc.

27 **Franklin, TN**

City & State

28 **Franklin, TN**

Zip

29 **37064**

Country
USA

30 **USA**

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

75-2578014

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **AT** ☒ DELETE

NAME **DIPASQUALE, STEVEN**
STREET ADDRESS **17050 PRESTON ROAD, STE. 690 LB21**
CITY-STATE-ZIP **DALLAS TX**

TITLE **DT** ☒ DELETE

NAME **KERRANE, DANIEL M**
STREET ADDRESS **17050 PRESTON ROAD, STE. 690 LB21**
CITY-STATE-ZIP **DALLAS TX 75252**

TITLE **DS** ☒ DELETE

NAME **SCHMECK, ANTHONY G**
STREET ADDRESS **17050 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO** ☐ Change ☒ Addition

1.2 NAME **Shaun Donnellan**
1.3 STREET ADDRESS **200 Beasley Drive**
1.4 CITY-STATE-ZIP **Franklin, TN 37064-3908**

2.1 TITLE **VP-General Manager** ☐ Change ☒ Addition

2.2 NAME **Bill Ligon**
2.3 STREET ADDRESS **200 Beasley Drive**
2.4 CITY-STATE-ZIP **Franklin, TN 37064**

3.1 TITLE **General Counsel & Secretary** ☐ Change ☒ Addition

3.2 NAME **Richard Larsen**
3.3 STREET ADDRESS **1700 Pacific Ave., #4100**
3.4 CITY-STATE-ZIP **Dallas, TX 75201**

4.1 TITLE **CFO** ☐ Change ☒ Addition

4.2 NAME **Phil Theodore**
4.3 STREET ADDRESS **200 Beasley Drive**
4.4 CITY-STATE-ZIP **Franklin, TN 37064**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 supplement to 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 registered agent 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)