

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90020 010 ***150.00

0623576

DOCUMENT # F95000000499

1. Corporation Name

NU-KOTE IMAGING INTERNATIONAL, INC.

Principal Place of Business

200 BEASLEY DR
FRANKLIN TN 37064
US

Mailing Address

200 BEASLEY DR
FRANKLIN TN 37064
US

DO NOT WRITE IN THIS SPACE

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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 | CEO | <input checked="" type="checkbox"/> DELETE |
| NAME | DONNELLAN, SHAUN | |
| STREET ADDRESS | 200 BEASLEY DR | |
| CITY-ST-ZIP | FRANKLIN TN 37064-3908 | |
| TITLE | VPGM | <input checked="" type="checkbox"/> DELETE |
| NAME | LIGON, BILL | |
| STREET ADDRESS | 200 BEASLEY DR | |
| CITY-ST-ZIP | FRANKLIN TN 37064 | |
| TITLE | GCS | <input type="checkbox"/> DELETE |
| NAME | LARSEN, RICHARD | |
| STREET ADDRESS | 1700 PACIFIC AVE, #4100 | |
| CITY-ST-ZIP | DALLAS TX 75201 | |
| TITLE | CFO | <input type="checkbox"/> DELETE |
| NAME | THEODORE, PHIL | |
| STREET ADDRESS | 200 BEASLEY DR | |
| CITY-ST-ZIP | FRANKLIN TN 37064 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|-------------------|---------------------------------|--|
| 1.1 TITLE | CEO | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | PATRICK HOWARD | | |
| 1.3 STREET ADDRESS | 200 BEASLEY DR | | |
| 1.4 CITY-ST-ZIP | FRANKLIN TN 37064 | | |
| 2.1 TITLE | GENERAL MANAGER | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | BAIOCCHI, RONALD | | |
| 2.3 STREET ADDRESS | 200 BEASLEY DRIVE | | |
| 2.4 CITY-ST-ZIP | FRANKLIN TN 37064 | | |
| 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-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 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 with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99

615-794-9000

CR2E034 (11/98)