

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 # F95000004160 (6)

1. Corporation Name

ALCO OFFICE SYSTEMS, INC.



Principal Place of Business

825 DUPORTAIL ROAD
WAYNE PA 19087

Mailing Address

825 DUPORTAIL ROAD
WAYNE PA 19087

3. Date Incorporated or Qualified

08/29/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-2493041

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KINKELACKER, KURT E
STREET ADDRESS 825 DUPORTAIL ROAD
CITY-ST-ZIP WAYNE PA 19087

TITLE V ☐ DELETE

NAME KEARNS, ROBERT M
STREET ADDRESS 825 DUPORTAIL ROAD
CITY-ST-ZIP WAYNE PA 19087

TITLE V ☐ DELETE

NAME BRADY, WILLIAM A
STREET ADDRESS 825 DUPORTAIL ROAD
CITY-ST-ZIP WAYNE PA 19087

TITLE VS ☐ DELETE

NAME CRONEY, J K
STREET ADDRESS 825 DUPORTAIL ROAD
CITY-ST-ZIP WAYNE PA 19087

TITLE S ☐ DELETE

NAME MOYER, BARBARA H
STREET ADDRESS 825 DUPORTAIL ROAD
CITY-ST-ZIP WAYNE PA 19087

TITLE T ☐ DELETE

NAME BREWER, O G
STREET ADDRESS 825 DUPORTAIL ROAD
CITY-ST-ZIP WAYNE PA 19087

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Kinkelacker, Kurt E.
1.3 STREET ADDRESS 825 Duportail Rd / Chesterbrook
1.4 CITY-ST-ZIP Wayne, PA 19087

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME Croney, J. Kenneth
4.3 STREET ADDRESS 825 Duportail Rd
4.4 CITY-ST-ZIP Wayne, PA 19087

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE:

J. Kenneth Croney - J. Kenneth Croney 4/26/96 (610) 296-8000
DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)