

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005011 (9)

1. Corporation Name
GLOBAL IMAGING FINANCE COMPANY

Principal Place of Business

14499 N. MABRY HWY., #280
TAMPA FL 33618

Mailing Address

14499 N. MABRY HWY., #280
TAMPA FL 33618

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/30/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 59-3423296

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PDCE ☐ DELETE

NAME JOHNSON, THOMAS S
STREET ADDRESS 14499 N. MABRY HWY., #280
CITY-ST-ZIP TAMPA FL 33618

TITLE VSTC ☐ DELETE

NAME SCHILLING, RAYMOND
STREET ADDRESS 14499 N. MABRY HWY., #280
CITY-ST-ZIP TAMPA FL 33618

TITLE V ☐ DELETE

NAME MUELLERNG, MICHAEL
STREET ADDRESS 14499 N. MABRY HWY., #280
CITY-ST-ZIP TAMPA FL 33618

TITLE S ☐ DELETE

NAME JOHNSON, TODD
STREET ADDRESS 14499 N. MABRY HWY., #280
CITY-ST-ZIP TAMPA FL 33618

TITLE DC ☐ DELETE

NAME THOMA, CARL D
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL 60606-6402

TITLE D ☐ DELETE

NAME KESSINGER, WILLIAM
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL 60606-6402

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

RAYMOND SCHILLING

RAYMOND SCHILLING 1/20/97 (813) 260-5500

CR2E034 (9/96)

FILED
May 07 1997 8:00am
Secretary of State

