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FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 reinstating)

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 60608-6402

TITLE D ☐ DELETE

NAME KESSINGER, WILLIAM  
STREET ADDRESS 6100 SEARS TOWER  
CITY-ST-ZIP CHICAGO IL 60608-6402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDCE ☒ Change ☐ Addition

1.2 NAME JOHNSON, THOMAS S.  
1.3 STREET ADDRESS 13902 N. DALE MABRY, SUITE 300  
1.4 CITY-ST-ZIP TAMPA, FL 33618

2.1 TITLE VSTC ☒ Change ☐ Addition

2.2 NAME SCHILLING, RAYMOND  
2.3 STREET ADDRESS 13902 N. DALE MABRY, SUITE 300  
2.4 CITY-ST-ZIP TAMPA, FL 33618

3.1 TITLE V ☒ Change ☐ Addition

3.2 NAME MUELLER, HERBERT M.  
3.3 STREET ADDRESS 13902 N. DALE MABRY, SUITE 300  
3.4 CITY-ST-ZIP TAMPA, FL 33618

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME JOHNSON, TODD  
4.3 STREET ADDRESS 13902 N. DALE MABRY, SUITE 300  
4.4 CITY-ST-ZIP TAMPA, FL 33618

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 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.

CP2E034 (10/97)

2/9/98