


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90064 011 \*\*\*150.00

**DOCUMENT # F97000000093**  
 1. Entity Name  
**XEROX GLOBAL SERVICES, INC.**



Principal Place of Business  
**411 EAGLEVIEW BLVD  
 EXTON PA 19341**

Mailing Address  
**411 EAGLEVIEW BLVD  
 EXTON PA 19341**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

4. FEI Number **23-2844307** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**94038140**



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	DOLAN, THOMAS J	
STREET ADDRESS	LINDEN OAKS	
CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES, JOYCE	
STREET ADDRESS	5350 TRANSPORTATION BLVD	
CITY-ST-ZIP	CLEVELAND OH 44125	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOPE, ROBERT	
STREET ADDRESS	855 PUBLISHERS PARKWAY	
CITY-ST-ZIP	WEBSTER NY 14580	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAGNER, MARTIN	
STREET ADDRESS	411 EAGLEVIEW BLVD.	
CITY-ST-ZIP	EXTON PA 19341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert T. Hope	
STREET ADDRESS	80 Linden Oaks	
CITY-ST-ZIP	Rochester NY 14625	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Wagner	
STREET ADDRESS	800 Long Ridge Road	
CITY-ST-ZIP	Stamford CT 06897	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert T. Hope **Robert T. Hope** 2/22/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #