

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2844307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete
NAME **D**
STREET ADDRESS **DOLAN, THOMAS J**
CITY-ST-ZIP **LINDEN OAKS
ROCHESTER NY 14625**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **JAMES, JOYCE**
CITY-ST-ZIP **5350 TRANSPORTATION BLVD
CLEVELAND OH 44125**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HOPE, ROBERT**
CITY-ST-ZIP **855 PUBLISHERS PARKWAY
WEBSTER NY 14580**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WAGNER, MARTIN**
CITY-ST-ZIP **411 EAGLEVIEW BLVD.
EXTON PA 19341**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Robert T. Hope**
CITY-ST-ZIP **80 Linden Oaks
Rochester NY 14625**

TITLE ☐ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Martin Wagner**
CITY-ST-ZIP **800 Long Ridge Road
Stamford CT 06897**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #