


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90233 033 ***150.00

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



Principal Place of Business Mailing Address
411 EAGLEVIEW BLVD **411 EAGLEVIEW BLVD**
EXTON, PA 19341 **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

50020518



02082005 Chg-P CR2E034 (10/03)

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 **N/A**
 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. **N/A**

SIGNATURE: **N/A** 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, 2005 Fee will be \$550.00

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 T
STREET ADDRESS	80 LINDEN OAKS
CITY-ST-ZIP	ROCHESTER, NY 14625
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	WAGNER, MARTIN
STREET ADDRESS	800 LONG RIDGE RD.
CITY-ST-ZIP	STANFORD, CT 06897
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James, Joyce
STREET ADDRESS	4829 Galaxy Parkway
CITY-ST-ZIP	Cleveland OH 44128
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel K. Lee
STREET ADDRESS	800 Long Ridge Road
CITY-ST-ZIP	Stamford CT 06904
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** **2/25/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #