


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-28-2005 90233 033 \*\*\*150.00

<b>DOCUMENT # F97000000093</b> 1. Entity Name <b>XEROX GLOBAL SERVICES, INC.</b>					
Principal Place of Business <b>411 EAGLEVIEW BLVD EXTON, PA 19341</b>			Mailing Address <b>411 EAGLEVIEW BLVD EXTON, PA 19341</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>23-2844307</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>N/A</b> SIGNATURE <b>N/A</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOLAN, THOMAS J</b> <b>LINDEN OAKS</b> <b>ROCHESTER, NY 14625</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JAMES, JOYCE</b> <b>5350 TRANSPORTATION BLVD</b> <b>CLEVELAND, OH 44125</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President James, Joyce</b> <b>4829 Galaxy Parkway</b> <b>Cleveland OH 44128</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOPE, ROBERT T</b> <b>80 LINDEN OAKS</b> <b>ROCHESTER, NY 14625</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WAGNER, MARTIN</b> <b>800 LONG RIDGE RD.</b> <b>STANFORD, CT 06897</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Samuel K. Lee</b> <b>800 Long Ridge Road</b> <b>Stamford CT 06904</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Robert T. Hope Robert T. Hope 2/25/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50020518**



02082005 Chg-P CR2E034 (10/03)