

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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<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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-2844307</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				Name 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOLAN, THOMAS J LINDEN OAKS ROCHESTER, NY 14625</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500070167235</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JAMES, JOYCE 4829 GALAXY PKWY CLEVELAND, OH 44128</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>T HOPE, ROBERT 80 LINDEN OAKS ROCHESTER, NY 14625</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER MICHAEL B. RTUSEK 80 LINDEN OAKS ROCHESTER, NY 14625</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEE, SAMUEL K 800 LONG RIDGE RD. STAMFORD, CT 06904</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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY MARK SHEIVACHMAN 800 LONG RIDGE RD. STAMFORD, CT 06904</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 4/12/04</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____</b> <b>MARK SHEIVACHMAN, ASSISTANTE SE..RETARY 4/5/2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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06 APR 12 AM 10:14



04032006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

FL Zip Code

DATE

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

*Agenda*

ACCOUNT NO. : 072100000032

REFERENCE : 795047 4320146

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 150.00

ORDER DATE : January 5, 2006

ORDER TIME : 5:04 PM

ORDER NO. : 795047-295

CUSTOMER NO: 4320146

ANNUAL REPORT FILING

NAME: XEROX GLOBAL SERVICES, INC.

XX ANNUAL REPORT :

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
06 APR 12 AM 8:50  
FILE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA