

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000812

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004888
1. Corporation Name
IKON OFFICE SOLUTIONS TECHNOLOGY SERVICES, INC.

Principal Place of Business 70 VALLEY STREAM PKWY MALVERN PA 19355	Mailing Address 70 VALLEY STREAM PKWY MALVERN PA 19355
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required for this filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DINKELACKER, KURT E	
STREET ADDRESS	70 VALLEY STREAM PKWY	
CITY-STATE-ZIP	MALVERN PA 19355	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DUDEK, MICHAEL H	
STREET ADDRESS	70 VALLEY STREAM PKWY	
CITY-STATE-ZIP	MALVERN PA 19355	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KINNEY, KARIN M	
STREET ADDRESS	70 VALLEY STREAM PKWY	
CITY-STATE-ZIP	MALVERN PA 19355	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUINN, JACK F	
STREET ADDRESS	70 VALLEY STREAM PKWY	
CITY-STATE-ZIP	MALVERN PA 19355	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RUSH, MICHAEL T	
STREET ADDRESS	70 VALLEY STREAM PKWY	
CITY-STATE-ZIP	MALVERN PA 19355	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

Enmark, Edward
1430 Spring Hill Rd Suite 600
McLean, VA 22102
VP
Sheehan, Thomas
70 Valley Stream Parkway
Malvern, PA 19355
D + UP
Hearn, John
2700 North Central 9th Floor
Phoenix, AZ 85004

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Karin M Kinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

610/296-8000

CR2E034 (11/98)

08/28/1998

SEC. 119.07(3)(i)



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

23-2917091

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐ Yes ☒ No

10. Name and Address of New Registered Agent