

2000 UNIFORM BUSINESS REPORT (UBR)

000813

DOCUMENT # F98000004888

1. Entity Name

IKON OFFICE SOLUTIONS TECHNOLOGY SERVICES, INC.

FILED

00 MAR -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

70 VALLEY STREAM PKWY
MALVERN PA 19355

70 VALLEY STREAM PKWY
MALVERN PA 19355-1453

2. Principal Place of Business

3. Mailing Address

303 Cayuga Rd

Suite, Apt. #, etc.

City & State

City & State

Buffalo, NY

Zip

Country

USA

Zip

Country

4. FEI Number

23-2917091

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME GROARK, EDWARD
STREET ADDRESS 1430 SPRING HILL RD., SUITE 600
CITY-ST-ZIP MCLEAN VA 22102

TITLE ☒ Change ☒ Addition
NAME ~~Edward Groark~~ Senior VP + Director
NAME Rene Nellis
STREET ADDRESS 303 Cayuga Rd
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME SHEEHAN, THOMAS
STREET ADDRESS 70 VALLEY STREAM PARKWAY
CITY-ST-ZIP MALVERN PA 19355

TITLE ☐ Change ☒ Addition
NAME Vice President
NAME William Urkied
STREET ADDRESS 70 Valley Stream Parkway
CITY-ST-ZIP Malvern, PA 19355

TITLE S ☐ Delete
NAME KINNEY, KARIN M
STREET ADDRESS 70 VALLEY STREAM PKWY
CITY-ST-ZIP MALVERN PA 19355

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
200003163272--0
-03/09/00--01030--022
****150.00 ****150.00

TITLE T ☐ Delete
NAME QUINN, JACK F
STREET ADDRESS 70 VALLEY STREAM PKWY
CITY-ST-ZIP MALVERN PA 19355

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

TITLE AS ☐ Delete
NAME RUSH, MICHAEL T
STREET ADDRESS 70 VALLEY STREAM PKWY
CITY-ST-ZIP MALVERN PA 19355

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

TITLE DVP ☒ Delete
NAME HEARN, JOHN
STREET ADDRESS 2700 NORTH CENTRAL, 9TH FLOOR
CITY-ST-ZIP PHOENIX AZ 85004

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

13. 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 11 or Block 12 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

2/11/00

Date

610/296-8000

Daytime Phone #