2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000046

1. Entity Name



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90040 030 ****50.00

DANKA F	UNDING	COMPANY, LLC) -				
Principal Place 11201 DANK C/O CORP. T/ ST. PETERSB	(A CIRCLE NO Ax Dept.	ORTH	Mailing Address 11201 DANKA CIRCLE NORTH C/O CORP. TAX DEPT. ST. PETERSBURG, FL 33716							
 Principal P 11101 Ro 			3. Mailing Address 11101 Roosevelt Blvd.							
Suite, Apt. c/o Cor	#, etc.		Suite, Apt. #, etc. c/o Corp. Tax Dept.			04062004	Chg-LLC	CR2E0	33 (10/03)	
City & State St. Pet	ersburg	g, FL 33716	St. Petersburg, FL 33716			4. FEI Numi 22-34:				oplied For ot Applicable
Zip 33716 Country Pinellas			33716 Country Pinellas			5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent		7. Name an	d Address of New I	Registered A	gent		
CT CORPO	ODATION	CVCTEM			Name					
	TH PINE I	SLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)						
TENTITION, TE OSSET			City						Zip Cod	10
		· · · · · · · · · · · · · · · · · · ·	<u>. </u>					FL		
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its	register	ed office or regist	ered agent, or b	oth, in the State of Fi	orida. I am f	amiliar with,	, and accept
SIGNATURE .	<u> </u>	or printed name of registered agent a	and the Manager Production of the Manager Pr							
	Signature, typed	or printed name or registered agent a	nd title it applicable. (NOTE	:: Hegistere	d Agent signature requir	red when reinstating)	*	DATE		
Fi D	iling Fee i ue by May	s \$50.00 / 1, 2004						ke check pa la Departme		te .
9.		MANAGING MEMBES	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM		☐ Delete	TITL	E				K Change	Addition
NAME DANKA OFFICE IMAGING COM			PANY	NAM		1101 D	1a D1	.a		
STREET ADDRESS CITY-ST-ZIP	1	NKA CIRCLE N RSBURG, FL 33716					sevelt Blv sburg, FL			
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TITLE			□ Delete	TITL					☐ Change	☐ Addition
NAME			□ Delete	NAM					onlings	
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CITY-ST-ZIP				CITY	/-ST-ZIP					
TITLE			☐ Delete	TITL	,				☐ Change	☐ Addition
NAME STREET ADDRESS				NAM	l .					
CITY-ST-ZIP					EET ADDRESS (-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	Addition
NAME				NAM					o.a.igo	
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CITY	r-ST-ZIP					
11. I hereby	certify that th	e information supplied with	this filling does not qualify for	the exe	mption stated in S	Section 119.07(3)(i), Florida Statutes.	I further cert	ify that the i	information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Jeff T. Wood, Assistant Secretary, Danka Office Imaging Company, Sole Member

SIGNATURE:

LINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE