

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002136

1. Entity Name
IKON OFFICE SOLUTIONS TECHNOLOGY SERVICES,
LLC



Principal Place of Business
303 CAYUGA RD.
BUFFALO, NY 14225

Mailing Address
70 VALLEY STREAM PARKWAY
MALVERN, PA 19355



02242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2917091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
URKIEL, WILLIAM
70 VALLEY STREAM PKWY
MALVERN, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LIU, DON H
70 VALLEY STREAM PKWY
MALVERN, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BURNS, KATHLEEN
70 VALLEY STREAM PKWY
MALVERN, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHENKMAN, ARLEN R
70 VALLEY STREAM PKWY
MALVERN, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000130352
04/26/04-80114-022 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Arten Shenkman

4/22/04

Date

610-296-8000

Daytime Phone #