

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 31 PM 2:30

DOCUMENT # M00000002136

1. Entity Name

IKON OFFICE SOLUTIONS TECHNOLOGY SERVICES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

303 Gateway Rd
Suite, Apt. #, etc.

3. Mailing Address

70 Valley Stream Parkway
Suite, Apt. #, etc.

600015648006

11/10/03--01063--004 **200.00
DO NOT WRITE IN THIS SPACE

City & State

Buffalo NY

City & State

Maldern

4. FEI Number

23-2917091

Applied For

Not Applicable

Zip

14225

Country

USA

Zip

19355

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

DATE

Connie Bryan

GEORGE BRYAN
SPECIAL ASSISTANT SECRETARY

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	William Orkist
STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	Maldern, PA 19355
TITLE	MGR
NAME	Don H. Lio
STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	Maldern, PA 19355
TITLE	MGR
NAME	Kathleen Burns
STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	Maldern PA 19355
TITLE	MGR
NAME	Arlene Shertemeier
STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	Maldern PA 19355
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

REINSTATEMENT 02-03

**DO NOT WRITE
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)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)