2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N98000003621

Entity Name: FLORIDA ASSOCIATION OF INDEPENDENT RICOH DEALERS INC.

Current Principal Place of Business:

6631 N EXECUTIVE PARK CT
SUITE 210
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6631 N EXECUTIVE PARK CT
SUITE 210
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3543373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STUTES, L.W.
4250 ST. JOHNS PARKWAY
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

COPYFAX, INC.
6631 N EXECUTIVE PARK CT
SUITE 210
JACKSONVILLE, FL 32216 US

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: J. MARK GRICE 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DEAN, JAMES L
Address: 1618 BARBER ROAD
City-St-Zip: SARASOTA, FL 34240

Title: TS ( ) Delete
Name: GRICE, J. MARK
Address: 6631 EXECUTIVE PARK CT N, STE 210
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV ( ) Delete
Name: DEFOOR, LARRY R
Address: 6631 EXECUTIVE PARK CT N, STE 210
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MARK GRICE TS 01/16/2009
Electronic Signature of Signing Officer or Director Date