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1/1**FILED**
Apr 10, 2001 8:00 am
Secretary of State

01-16-2001 90103 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000104714			
1. Entity Name IMAGING RESOURCE SYSTEMS, INC.			
Principal Place of Business 6981 LAKE DEVONWOOD DRIVE FORT MYERS FL 33908		Mailing Address 6981 LAKE DEVONWOOD DRIVE FORT MYERS FL 33908	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number Applied For		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAGAN, ELIZABETH P 6981 LAKE DEVONWOOD DRIVE FORT MYERS FL 33908		7. Name and Address of New Registered Agent 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 re-stating) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth P. Kagan ☐ Delete 6981 Lake Devonwood Drive Fort Myers, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John C. Kagan ☐ Delete 6981 Lake Devonwood Drive Fort Myers, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles H. Knox ☐ Delete 15810 Old Wedgewood Ct. Ft. Myers, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Treas. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Elizabeth P. Kagan		Date: 11/5/01 Daytime Phone #: (941) 846-1141	

CR2034 (10/00)