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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01431** (6)
1. Corporation Name
IKON OFFICE SOLUTIONS, INC.



Principal Place of Business Mailing Address
70 VALLEY STREAM PARKWAY **70 VALLEY STREAM PARKWAY**
MALVERN PA 19355 **MALVERN PA 19355**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-0334400	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD	1.1 TITLE	Executive VP, CFO + Director
NAME	DINKELACKER, KURT E	1.2 NAME	Kurt E. Dinkelacker
STREET ADDRESS	825 DUPORTAIL RD.	1.3 STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	WAYNE PA 19087	1.4 CITY-ST-ZIP	Malvern, PA 19355
TITLE	CD	2.1 TITLE	Chairman, President + CEO
NAME	STUART, JOHN E.	2.2 NAME	John E. Stuart
STREET ADDRESS	825 DUPORTAIL RD.	2.3 STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	WAYNE PA 19087	2.4 CITY-ST-ZIP	Malvern, PA 19355
TITLE	SVCF	3.1 TITLE	
NAME	KEARNS, ROBERT M III	3.2 NAME	
STREET ADDRESS	825 DUPORTAIL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA 19087	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	Secretary
NAME	KINNEY, KARIN M	4.2 NAME	Karin M. Kinney
STREET ADDRESS	825 DUPORTAIL RD.	4.3 STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	WAYNE PA 19087	4.4 CITY-ST-ZIP	Malvern, PA 19355
TITLE	VPT	5.1 TITLE	Treas
NAME	BREWER, O. GORDON JR.	5.2 NAME	J.F. Quinn
STREET ADDRESS	825 DUPORTAIL RD.	5.3 STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	WAYNE PA 19087	5.4 CITY-ST-ZIP	Malvern, PA 19355
TITLE	AS	6.1 TITLE	Vice President + Asst Secretary
NAME	BRADY, WILLIAM	6.2 NAME	William A. Brady
STREET ADDRESS	825 DUPORTAIL RD.	6.3 STREET ADDRESS	70 Valley Stream Parkway
CITY-ST-ZIP	WAYNE PA 19087	6.4 CITY-ST-ZIP	Malvern, PA 19355

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)