

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90389 050 \*\*\*150.00

**DOCUMENT # P01431**

1. Entity Name  
IKON OFFICE SOLUTIONS, INC.



Principal Place of Business  
70 VALLEY STREAM PARKWAY  
MALVERN, PA 19355

Mailing Address  
70 VALLEY STREAM PARKWAY  
MALVERN, PA 19355

40057225



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

23-0334400

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

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

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
PCEO  
ESPE, MATTHEW J  
STREET ADDRESS  
70 VALLEY STREAM PARKWAY  
CITY-ST-ZIP  
MALVERN, PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
SVCO  
WOODS, ~~BIB~~ Robert  
STREET ADDRESS  
70 VALLEY STREAM PARKWAY  
CITY-ST-ZIP  
MALVERN, PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
AS  
HAYES, JAMES S  
STREET ADDRESS  
70 VALLEY STREAM PARKWAY  
CITY-ST-ZIP  
MALVERN, PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
SV  
LESTRANGE, DENNIS P  
STREET ADDRESS  
70 VALLEY STREAM PARKWAY  
CITY-ST-ZIP  
MALVERN, PA 19355 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
T  
BURNS, KATHLEEN M  
STREET ADDRESS  
70 VALLEY STREAM PARKWAY  
CITY-ST-ZIP  
MALVERN, PA 19355 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
Treasurer  
Obetz, Richard  
70 Valley Stream Parkway  
Malvern, PA 19355

TITLE  
NAME  
SVHR  
SEXTON, BETH  
STREET ADDRESS  
70 VALLEY STREAM PARKWAY  
CITY-ST-ZIP  
MALVERN, PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James S. Hayes April 20, 2006 610.296.8000



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At Work.®**

ATTACHMENT  
40057225

Krista Pavlish  
Paralegal

IKON Office Solutions, Inc.  
70 Valley Stream Parkway  
Malvern, PA  
610.408.7411

April 20, 2006

#P81431

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

**RE: 2006 FOR PROFIT CORPORATION ANNUAL REPORT FOR IKON OFFICE  
SOLUTIONS, INC.**

To Whom It May Concern:

Please find enclosed the State of Florida Annual Report for IKON Office Solutions, Inc. Please also find enclosed a check in the amount of one hundred and fifty dollars (\$150.00) made payable to the Secretary of State.

Please provide proof of filing to my attention using the return envelope provided. If you have any questions, I can be reached at 610.408.7411. Thank you for your assistance.

Sincerely,

Krista Pavlish

Enclosures