

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01431

1. Entity Name
IKON OFFICE SOLUTIONS, INC.



FILED

03 FEB 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
70 VALLEY STREAM PARKWAY
ATTN: MICHELE MCDEVITT
MALVERN PA 19355

Mailing Address
70 VALLEY STREAM PARKWAY
ATTN: MICHELE MCDEVITT
MALVERN PA 19355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 19355 Country USA

Zip 19355 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-0334400

Applied For
Not Applicable

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 PCEO
NAME 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
700013090077
02/25/03--01034--024 **158.75

TITLE SVCO
NAME URKIEL, WILLIAM S
STREET ADDRESS 70 VALLEY STREAM PARKWAY
CITY-ST-ZIP MALVERN PA 19355 ☐ Delete

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

TITLE SVCO
NAME GADRA, DAVID M
STREET ADDRESS 70 VALLEY STREAM PARKWAY
CITY-ST-ZIP MALVERN PA 19355 ☐ Delete

TITLE SVCO
NAME Simone Knight
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SV
NAME 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 T
NAME 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

TITLE SVHR
NAME 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

610-408-7268

Date

Daytime Phone #

CR2E034 (10/02)