

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026812

FILED
Mar 02, 2009
Secretary of State

Entity Name: IKON US, INC.

Current Principal Place of Business:

27356 GOLF COURSE LOOP
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

27356 GOLF COURSE LOOP
WESLEY CHAPEL, FL 33544

New Mailing Address:

270 MUÑOZ RIVERA AVENUE
SAN JUAN, PR 00918

FEI Number: 26-2210306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HAEDO, OMAR
Address: 270 MUNOZ RIVERA AVE.
City-St-Zip: SAN JUAN, PR 00918,

Title: VSD () Delete
Name: GARCIA, FELIX
Address: 270 MUNOZ RIVERA AVE.
City-St-Zip: SAN JUAN, PR 00918,

Title: D () Delete
Name: ZUCCARO, ROBERT S
Address: 787 7TH AVE., 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: V () Delete
Name: HINKSON, MALIKA S
Address: 787 7TH AVE., 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: V () Delete
Name: LIESER, LORI M
Address: 500 W. MADISON ST., SUITE 2400
City-St-Zip: CHICAGO, IL 60661

Title: AS () Delete
Name: KATZ, MARIAM I
Address: 787 7TH AVE., 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

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:

Title: () Change () Addition
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR HAEDO

PTD

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date