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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P26269 (1)

1. Corporation Name

ALCO CAPITAL RESOURCE, INC.



Principal Place of Business

Mailing Address

C/O ALCO STANDARD CORPORATION
P.O. BOX 834
VALLEY FORGE PA 19482

C/O ALCO STANDARD CORPORATION
P.O. BOX 834
VALLEY FORGE PA 19482

3. Date Incorporated or Qualified

10/02/1989

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME AT
BURNS, KATHLEEN
STREET ADDRESS 115 RED RAMBLER DR.
CITY-ST-ZIP LAFFAYETTE HILLS PA

TITLE ☐ DELETE

NAME V
KEARNS, ROBERT M
STREET ADDRESS ALCO OFFICE PRODUCTS, 825 DUPORTAIL RD.
CITY-ST-ZIP WAYNE PA

TITLE ☐ DELETE

NAME P
MAIER, RICHARD P.
STREET ADDRESS 4168 CANYON RD.
CITY-ST-ZIP MACON GA

TITLE ☐ DELETE

NAME SGC
CRONEY, J. KENNETH
STREET ADDRESS 6019 CRICKET RD..
CITY-ST-ZIP FLOURTOWN PA

TITLE ☐ DELETE

NAME AT
DEAY, STEPHEN K.
STREET ADDRESS 1171 WISTERIA DRIVE
CITY-ST-ZIP MALVERN PA

TITLE ☐ DELETE

NAME D
HEAD, JAMES E.
STREET ADDRESS ALCO OFC PRODUCTS, 825 DUPORTAIL
CITY-ST-ZIP WAYNE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001812537
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***225.00

D
Dinkelacker, Kurt E.
825 Duportail Rd/Chestbrook
Wayne, PA 19087

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as added, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant
-Treasurer

4/2/96

Date

(610) 296-8000

Business Phone #

CR2E034 (12/95)