

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT -
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -8 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P26269

(1)

1. Corporation Name
IKON CAPITAL, INC.

Principal Place of Business

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

Mailing Address

C/O ALCO STANDARD CORPORATION
P.O. BOX 834
VALLEY FORGE PA 19482-0834

c/o Trans Office Solutions

c/o Trans Office Solutions

2. Principal Place of Business

21 70 Valley Stream Parkway

Suite, Apt. #, etc.

22 City & State

23 Malvern, PA

24 Zip

19355

25 Country

USA

2a. Mailing Address

26 70 Valley Stream Parkway

Suite, Apt. #, etc.

27 City & State

28 Malvern, PA

29 Zip

19355

30 Country

USA

3. Date Incorporated or Qualified

10/02/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

23-2493042

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

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's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE P
NAME MAIER, RICHARD P.
STREET ADDRESS 4188 CANYON RD.
CITY-ST-ZIP MACON GA ☐ DELETE

TITLE SOC
NAME CRONEY, J. KENNETH
STREET ADDRESS 6019 CRICKET RD..
CITY-ST-ZIP FLOURTOWN PA ☒ DELETE

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

TITLE D
NAME DINKILACKER, KURT E
STREET ADDRESS 825 DUPORTAIL RD./ CHESTERBROOK
CITY-ST-ZIP WAYNE PA 19087 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Treasurer
1.2 NAME J. F. QUINN
1.3 STREET ADDRESS 825 Duportail Rd.
1.4 CITY-ST-ZIP Wayne, PA 19087 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
500002235325--9
-07/10/97--01091--013
****\$50.00 ****\$50.00 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE Secretary
4.2 NAME Karis M. Kinney
4.3 STREET ADDRESS 825 Duportail Rd
4.4 CITY-ST-ZIP Wayne, PA 19087 ☐ Change ☒ Addition

5.1 TITLE Treasurer
5.2 NAME O. Gordon Brewer, Jr.
5.3 STREET ADDRESS 825 Duportail Rd
5.4 CITY-ST-ZIP Wayne, PA 19087 ☐ Change ☒ Addition

6.1 TITLE Director
6.2 NAME Kurt E. Dinkelacker
6.3 STREET ADDRESS 825 Duportail Rd
6.4 CITY-ST-ZIP Wayne, PA 19087 ☐ Change ☒ Addition

14. I do 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:

J. F. QUINN 11/2/97 (116) 206-870

CR2E034 (9/96)