

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

FILED

Apr 17 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26269 (1)

1. Corporation Name
IKON CAPITAL, INC.

Principal Place of Business % IKON OFFICE SOLUTIONS 70 VALLEY STREAM PARKWAY MALVERN PA 19355	Mailing Address % IKON OFFICE SOLUTIONS 70 VALLEY STREAM PARKWAY MALVERN PA 19355
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	QUINN, J.F.	
STREET ADDRESS	825 DUPORTAIL ROAD	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KEARNS, ROBERT M	
STREET ADDRESS	ALCO OFFICE PRODUCTS, 825 DUPORTAIL RD.	
CITY-ST-ZIP	WAYNE PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAIER, RICHARD P.	
STREET ADDRESS	4168 CANYON RD.	
CITY-ST-ZIP	MACON GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KINNEY, KARIN M	
STREET ADDRESS	825 DUPORTAIL RD.	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BREWER, O. GORDON JR.	
STREET ADDRESS	825 DUPORTAIL RD.	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DINKLACKER, KURT E	
STREET ADDRESS	825 DUPORTAIL RD.	
CITY-ST-ZIP	WAYNE PA 19087	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J.F. QUINN	
1.3 STREET ADDRESS	70 Valley Stream Parkway	
1.4 CITY-ST-ZIP	MALVERN, PA 19355	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KARIN M. KINNEY	
4.3 STREET ADDRESS	70 Valley Stream Parkway	
4.4 CITY-ST-ZIP	MALVERN, PA 19355	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kurt E. Dinkelacker	
6.3 STREET ADDRESS	70 Valley Stream Parkway	
6.4 CITY-ST-ZIP	MALVERN, PA 19355	

14. 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 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:

Karin M. Kinney

4/8/98

610/296-8000

CR2E034 (10/97)