FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STAT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P31205 **DOCUMENT #**  Corporation Name CAPITOL BUSINESS EQUIPMENT, INC. (ALABAMA) Mailing Address Principal Place of Business 675 SOUTH MCDONOUGH STREET 675 SOUTH MCDONOUGH STREET MONTGOMERY AL 36104 MONTGOMERY AL 36104 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1995 10/05/1990 Applied For 4. EEL Number 2a. Mailing Address 2, Principal Place of Business Not Applicable 63-0673600 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Ζφ Country Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 82 1200 S. PINE ISLAND ROAD В3 **PLANTATION FL 33324** Zip Code 84 City 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 a throrized by the corporation's board of directors. I hereby accept the appointment as registered agent. I amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE near most when remetal ad-Signature, typed or parity a name; of registernal again, and the if again, ab-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1 1 1111 TITLE 1.2 NAME WHITE, J. LORING NAME 675 S. MCDONOUGH STREET 1.3 STREET ADDRESS STREET ADDRESS MONTGOMERY AL 1.4 CITY - ST- 7iP CITY - ST - ZIP ☐ Addition Change DELETE 2 1 TITLE VSD TITLE 2.2 NAME WHITE, KATHY R. NAME 675 S. MCDONOUGH STREET 2.3 STREET ADDRESS STREET ADDRESS MONTGOMERY AL 2.4 C(TY - ST. 7)P CITY - ST - ZIP Change Addition T) DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 100001778141 -04/12/96--01030--0H<sup>Change</sup> 3.4 CHY-ST-ZIP CHTY - ST - ZIP Addition DELETE 4 1 TILE TITLE \*\*\*200.00 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 City - St - 2iP CITY - ST - ZIF Addition Change DELETE 5 1 HILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET AUDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP ☐ Addition

14. I do hereby certify that the information supplied with this fling 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. I 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.

6 1 TIFLE

6.2 NAME

6.3 STREET ADDRESS

64 CHTY ST-ZIP

TITLE

NAME

STREET ADDRESS

DELFTE

CR2E034 (12/95)