## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

oath; that I am an officer or director of Me appears in Block 12 or Block 13 if charge

SIGNATURE:

P92000006699 (2)

DOCUMENT # JAPAN TONER CORPORATION Principal Place of Business Mailing Address 130 JAMES ALDREDGE BLVD 130 JAMES ALDREDGE BLVD ATLANTA GA 30336 ATLANTA GA 30336 3. Date Incorporated or Qualified 3a. Date of Last Report 11/23/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0371027 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORCORAN, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 82 4818 GANDY BLVD **TAMPA FL 33611** 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regettered agent and title if applicable (NOTE: Registered Agent signature required when raine lating) DATE CR2E034 (12/95) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 THEF ☐ Change ☐ Addition EIBERGER. H.A. NAME 1.2 NAME 130 JAMES ALDRIDGE BLVD STREET ADDRESS 1.3 STREET ADDRESS ATLANTA GA CITY: ST ZIP 1.4 City - ST - ZiF DELETE TITLE 2 170LE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZP 24 CHY-ST-ZIP THLE DELFTE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IF 3.4 CHY - \$1 - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY - \$T - ZIP DELETE THE 5 1 TITLE Change Addition HAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 0-14-ST-Z-P 5.4 CITY - ST - ZIP Table DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS CITY-ST-ZIP 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 supplied ental 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 company of the report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

with an address

RINTED NAME OF BIGNING OFFICER OR DIRECTOR