

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

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**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000014002 (5)**

1. Corporation Name  
**DANKA BUSINESS SYSTEMS, INC.**



Principal Place of Business: 11201 DANKA CIRCLE NORTH ST PETERSBURG FL 33716  
Mailing Address: 11201 DANKA CIRCLE NORTH ST PETERSBURG FL 33716-3712

3. Date Incorporated or Qualified: 02/14/1996  
3a. Date of Last Report: [Blank]  
4. FEL Number: 59-3366913  
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

2. Principal Place of Business: 21 [Blank]  
2a. Mailing Address: 26 11201 Danka Circle N. Suite, Apt. #, etc.: 27 Tax Department  
City & State: 23 [Blank] 28 St. Petersburg FL  
Zip: 24 [Blank] 25 [Blank] 29 33716 30 US

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank] 85 Zip Code: FL [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	R. Paul Umberg	
STREET ADDRESS	11201 Danka Circle N.	
CITY-ST-ZIP	St. Petersburg FL 33716	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	David C. Snell	
STREET ADDRESS	11201 Danka Circle N.	
CITY-ST-ZIP	St. Petersburg FL 33716	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Debra A. Taylor	
STREET ADDRESS	11201 Danka Circle N.	
CITY-ST-ZIP	St. Petersburg FL 33716	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	William T. Freeman	
STREET ADDRESS	11201 Danka Circle N.	
CITY-ST-ZIP	St. Petersburg FL 33716	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Daniel M. Doyle	
STREET ADDRESS	11201 Danka Circle N.	
CITY-ST-ZIP	St. Petersburg FL 33716	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	Gary M. McGrath	
STREET ADDRESS	11201 Danka Circle N.	
CITY-ST-ZIP	St. Petersburg FL 33716	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: [Signature] SIGNATURE REQUIRED Gary M. McGrath 4/17/97 (813) 576-6003  
DATE: 4/17/97 DAYTIME PHONE: (813) 576-6003

CR2E034 (9/96)