

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

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P96000014002 (5)**  
 1. Corporation Name  
**DANKA BUSINESS SYSTEMS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **11201 DANKA CIRCLE NORTH ST PETERSBURG FL 33716**

Mailing Address: **11201 DANKA CIRCLE NO TAX DEPARTMENT ST PETERSBURG FL 33716 US**

3. Date Incorporated or Qualified: **02/14/1996**

4. FEI Number: **59-3366913**

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 (21-24) and Mailing Address (25-29) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, State (FL), and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	NAME: <b>UMBERG, R. PAUL</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>11201 DANKA CIRCLE NO</b>	CITY-ST-ZIP: <b>ST PETERSBURG FL 33716</b>	1.2 NAME:	
TITLE: <b>VD</b>	NAME: <b>SNELL, DAVID C</b>	1.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>11201 DANKA CIRCLE NO</b>	CITY-ST-ZIP: <b>ST PETERSBURG FL 33716</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>SD</b>	NAME: <b>TAYLOR, DEBRA A</b>	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>11201 DANKA CIRCLE NO</b>	CITY-ST-ZIP: <b>ST PETERSBURG FL 33716</b>	2.2 NAME:	
TITLE: <b>TD</b>	NAME: <b>FREEMAN, WILLIAM T</b>	2.3 STREET ADDRESS:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>11201 DANKA CIRCLE NO</b>	CITY-ST-ZIP: <b>ST PETERSBURG FL 33716</b>	2.4 CITY-ST-ZIP:	
TITLE: <b>AT</b>	NAME: <b>MCGRATH, GARY M</b>	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>11201 DANKA CIRCLE NO</b>	CITY-ST-ZIP: <b>ST PETERSBURG FL 33716</b>	3.2 NAME:	
TITLE: <b>D</b>	NAME: <b>DOYLE, DANIEL M</b>	3.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>11201 DANKA CIRCLE N</b>	CITY-ST-ZIP: <b>ST PETERSBURG FL 33716</b>	3.4 CITY-ST-ZIP:	
		4.1 TITLE:	<input type="checkbox"/> Change <input checked="" 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:	

**PAUL K. SOIJK**  
**11201 DANKA CIRCLE NORTH**  
**ST. PETERSBURG, FL 33716**

**S**  
**DAVID P. BERG**  
**11201 DANKA CIRCLE NORTH**  
**ST. PETERSBURG, FL 33716**

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: **PAUL K. SOIJK, 1/30/98 (813) 576-6003**

CR2034 (10/97)