


2004 FOR PROFIT CORPORATION ANNUAL REPORT

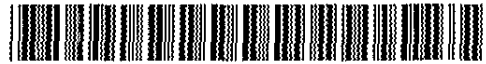
FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001824
 1. Entity Name
IMAGE INK JET PRINTING CORPORATION



Principal Place of Business 1650 AIRPORT RD. KENNESAW, GA 30144	Mailing Address 1650 AIRPORT RD. KENNESAW, GA 30144
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1734567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jacqueline N. Casper* Jacqueline N. Casper, Asst. Vice President 2/25/04
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000083513 03/10/04 00041-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERBAGE, OMAR 9 RUE GASPARD MONGE 26500 BOURG LES VALENCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFORT, CHRISTIAN 9 RUE GASPARD MONGE 26500 BOURG LES VALENCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESROCHES, JACQUES 1650 AIRPORT RD KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WAKEFORD, STEVE 1650 AIRPORT RD KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steve Wakeford* 3/2/04 (770) 421-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #