

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

**FILED**

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005239 (6)**  
 1. Corporation Name  
**DANKA OFFICE IMAGING COMPANY**

Principal Place of Business <b>11201 DANKA CIRCLE NORTH                  ST PETERSBURG FL 33716</b>	Mailing Address <b>11201 DANKA CIRCLE NORTH                  ST PETERSBURG FL 33716-3712</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/09/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	11201 Danka Circle N.	4. FEI Number <b>APPLIED FOR 59-3407614</b>	Applied For Not Applicable
22	City & State	27	Tax Department	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	St. Petersburg FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	33716	30	US
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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. 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>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOYLE, DANIEL M</b>	1.2 NAME	<b>Gary M. McGrath</b>
STREET ADDRESS	<b>11201 DANKA CIRCLE NORTH</b>	1.3 STREET ADDRESS	<b>11201 Danka Circle N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>	1.4 CITY-ST-ZIP	<b>St Petersburg FL 33716</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNELL, DAVID C</b>	2.2 NAME	
STREET ADDRESS	<b>11201 DANKA CIRCLE NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEIER, PETER G</b>	3.2 NAME	
STREET ADDRESS	<b>11201 DANKA CIRCLE NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, DEBRA A</b>	4.2 NAME	
STREET ADDRESS	<b>11201 DANKA CIRCLE NORTH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, WILLIAM T</b>	5.2 NAME	
STREET ADDRESS	<b>11201 DANKA CIRCLE NORTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THORN, W. T III</b>	6.2 NAME	
STREET ADDRESS	<b>11201 DANKA CIRCLE NORTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>	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: **GARY M. MCGRATH** (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **4/17/97** DATE **(813) 576-6003** DAYTIME PHONE #

CR2E034 (9/96)