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AND
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95 MAY -1 AM 8:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**300001482023
-05/10/95-01012-001
2000.00 *200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montalvo Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09599 (2) 580

1. Corporation Name

IMAGING FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**DEPT 8109-260 LONG RIDGE RD.
STAMFORD CT 06927**

**DEPT 8109-260 LONG RIDGE RD.
STAMFORD CT 06927**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **GE CAPITAL CORPORATION**

22 City & State

27 **P.O. BOX 9552
FT. MYERS, FL 33906-9552**

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/27/1986

3a. Date of Last Report

03/07/1994

4. FEI Number

16-1266650

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(Signature required for principal place of business agent and for registered agent)

(Signature required for registered agent after 10/1/94)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C
NAME	MANN, THOMAS H
STREET ADDRESS	55 FEDERAL RD.
CITY, ST, ZIP	DANBURY CT
TITLE	P
NAME	ELLIOTT, BURGESS L III
STREET ADDRESS	343 STATE ST.
CITY, ST, ZIP	ROCHESTER NY
TITLE	SVP
NAME	SQUAROK, JOHN M
STREET ADDRESS	55 FEDERAL RD.
CITY, ST, ZIP	DANBURY CT
TITLE	VPT
NAME	DUPREY, PETER C
STREET ADDRESS	343 STATE ST.
CITY, ST, ZIP	ROCHESTER NY
TITLE	SD
NAME	APT, LESLEY A
STREET ADDRESS	55 FEDERAL RD.
CITY, ST, ZIP	DANBURY CT
TITLE	V
NAME	IORE, DOMINIC A
STREET ADDRESS	777 LONG RIDGE RD.
CITY, ST, ZIP	STAMFORD CT 06927

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	

See Separate Schedule

See Separate Schedule

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Sections 110.02(4)(b), 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. 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, attached to or as an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

**ASSISTANT TREASURER
STATE TAXES**

4/27/95

670

Imaging Financial Services, Inc.
Federal ID # 18-1286480

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Thomas H. Mann	Chairman of the Board	55 Federal Road, Danbury, CT
Burgess L. Elliott, III	President	343 State St., Rochester, NY
John M. Squarok	Senior Vice President	55 Federal Road, Danbury, CT
Peter C. Duprey	Vice President & Treasurer	343 State St., Rochester, NY
Lesley A. Apt	Secretary & Director	55 Federal Road, Danbury, CT
William H. Brennan	Vice President	777 Long Ridge Road, Stamford, CT
Dominic A. Flores	Vice President	777 Long Ridge Road, Stamford, CT
Peter J. Nicosia	Asst. Treasurer - State Taxes	777 Long Ridge Road, Stamford, CT
Kim Heindl	Assistant Treasurer	4211 Metro Parkway, Ft. Myers, FL
Oscar Garza	Assistant Treasurer	4211 Metro Parkway, Ft. Myers, FL