

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

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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09599 (2)

1. Corporation Name
IMAGING FINANCIAL SERVICES, INC.



Principal Place of Business DEPT 8109-260 LONG RIDGE RD. STAMFORD CT 06927	Mailing Address DEPT. 8109 260 LONG RIDGE RD. STAMFORD CT 06827-1800
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3. Date Incorporated or Qualified 03/27/1986	3a. Date of Last Report 04/14/1996
4. FEI Number 16-1266650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

TITLE	C	<input type="checkbox"/> DELETE
NAME	MANN, THOMAS H	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ELLIOTT, BURGESS L III	
STREET ADDRESS	343 STATE ST.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SUAROK, JOHN M	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	DUPREY, PETER C	
STREET ADDRESS	343 STATE ST.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	APT, LESLEY A	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FIORE, DOMINIC A	
STREET ADDRESS	777 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT 06927	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP - TAXES
1.3 STREET ADDRESS	Jeffrey L Hyde
1.4 CITY-ST-ZIP	260 Long Ridge Rd STAMFORD, CT 06927
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 as an attachment with an address.

SIGNATURE: _____ DATE: **4-27-97** DAYTIME PHONE #: **203-357-4544**

CR2E034 (9/96)