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FILED
May 18 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 # P09599 (2)
 1. Corporation Name
IMAGING FINANCIAL SERVICES, INC.



Principal Place of Business: **DEPT 8109-280 LONG RIDGE RD. STAMFORD CT 06927**

Mailing Address: **DEPT. 8109 280 LONG RIDGE RD. STAMFORD CT 06927-9621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1986**

4. FEI Number: **16-1266650**

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)

2a. Mailing Address (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 (81-85)

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 _____ (NON: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	Asst TREASURER
NAME	MANN, THOMAS H	1.2 NAME	Gray J. Schulman
STREET ADDRESS	55 FEDERAL RD.	1.3 STREET ADDRESS	1777 Long Ridge Road
CITY-ST-ZIP	DANBURY CT	1.4 CITY-ST-ZIP	Stamford CT 06927
TITLE	P	2.1 TITLE	
NAME	ELLIOTT, BURGESS L III	2.2 NAME	
STREET ADDRESS	343 STATE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	
NAME	SQUAROK, JOHN M	3.2 NAME	
STREET ADDRESS	55 FEDERAL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	
NAME	DUPREY, PETER C	4.2 NAME	
STREET ADDRESS	343 STATE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	APT. LESLEY A	5.2 NAME	
STREET ADDRESS	55 FEDERAL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	5.4 CITY-ST-ZIP	
TITLE	VPT	6.1 TITLE	
NAME	HYDE, JEFFREY L	6.2 NAME	
STREET ADDRESS	280 LONG RIDGE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	

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 _____

CR2E034 (10/97)