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FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

Filing Period: Janua FORM MUST BE TYPEL	ry 1 - March 1 🏓	Filing Fee: \$50.00	PORT FOR THI		
1. Corporate ID No. 100986	2. Name of Con LASON S	poration YSTEMS, INC.			
3. Street Address Principal 1305 STEPHENSC			City TROY	State MI	Zip 48083
4. Business Phone No. 5. State of Incorporate 248-837-7100 DELAWARE			otion		6. SIC Code 7872/7856
7. Brief Description of the COMPUTER SERVICE	Character of Business (Conducted in Rhode Island CANNAING SERVICES,	PRINTING & MAILING	SERVICES	· · · · · · · · · · · · · · · · · · ·
President Name	RESSES OF THE O	FFICERS ("X" BOX FOR	Vice President Name	SPACES BEFORE USING A	TTACHMENTS
RONALD RISHER	····		. KENNETH SHAW		•
Street Address			Street Address		
1305 STEPHENSON	N HWY		. 1305 STEPHENS	SON HWY	
City	State	Zip	City	State	Zip
TROY	MI	48083	TROY	MI	48083
Secretary Name DOUGLAS KEARNEY	ť	- -	Tréasurer Name THOMAS E. EBE	CLING	• • • • • • • • • • • • • • • • • • • •
Street Address	···	······································	* Street Address		
1305 STEPHENSON	Y HWY		.1305 STEPHENS	ON HWY	
City	State	Zip	*City	State	Zip
TROY	MI	48083	TROY	MI	48083
9. NAMES AND ADD Director Name RONALD RISHER Street Address	RESSES OF THE D	IRECTORS ("X" BOX FO	Director Name CHRISTOPHER	in spaces before using Garcia	ATTACHMENTS
1305 STEPHENSON	I HWY		Street Address 1305 STEPHENS	SON HWY	·
City TROY	State MI	Zip 48083	•City	State	Zip
Director Name] 40003	TROY	MI	148083
WILLIAM M. LANI	TYUC		*Director Name JENNIFER A. C	GUZMAN	
Sireei Address 1305 STEPHENSON	JUWV		Street Address	ON HUN	·
City	State	िर _{ंक}	1305 STEPHENS		
TROY	MI	<i>Zip</i> 48083	'TROY	State MI	<i>Zip</i> 48083
10. SHARES AUTHO			11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	(C) - m	
TOWNS OF COMPET	Classineries	rar value	Number of Shares	Class/Series	Par Value
1,000 COMMOM \$0	.01 PAR VALUE		1000	COMMON	.01
his report must be s	igned in ink by eit	her the President, Vice	President, Secretary, As	ssistant Secretary, Treasu	irer, Receiver or Trustee
1 0	0 9 8 6		Under penalty of	perjury, I declare and affirm	that I have examined
				ling any accompanying sched	
File Date	0. 17-05		and that all states	nents contained herein are tru	e and correct.

TREGSULER Tule of Officer Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Math Street Providence, RI 02903-1335 401-222-3040

Matthew A.	Brown, Secretary of	State			401.222.304
PROFIT CORPO Filing Period: January 1 - A (FORM MUST BE TYPED OR PRA	March 1 • Filin	NUAL REPORT g Fee: \$50.00	FOR THE YEA	AR2004	
1. Corporate ID No.	2. Name of Corporation	7			
100986 Lason Systems, Inc.					
3. Street Address Principal Business	Office	<u>, mo.</u>	City	State	Zip
1305 STEPHER	NSON HWY		TROY	MI	48083
4. Business Phone No.		5. State of Incorporation		· · · · · · · · · · · · · · · · · · ·	6 SIC Code
<u>248 937~</u>	7100	DELAWARE			0
7 Hrief Description of the Characte	r of Business Conducted in	Rhode Island	·		
THE DESIGN, SALES	, SERVICE OF DOCUM	IENT MANAGEMENT SY:	STEMSAND DATA CAPTUI	RE OR CONVERSION OF I	
8. NAMES BENDAND GRESS &	S'OFTHE OFFICERS	: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name	1,0000104	
KONALD RIST	HER		: DOUGLA-S	KEARNEY	
Street Address	= 10001 11.	N/ /	Street Address	0 10 100 AL 11	in V
1305 STEPH	ENZON 14M		<u>: 1305 376</u>	PHENSON H	
TIRDY	State M_T	48083	TROY	State M I	48083
	1 /4_1	1 /0000	•{· <u>·</u> ········		J
Secretary Name	ENDALEU		Treasurer Name	M. EBELIN	1(7)
DOUGLAS K Street Address	EHRIVEY		Street Address	701 COLLIN	
1305 STEP	HENSON	Hwy	1305 STO	EPHENSON	HWY
TROV	State M_T_	18083	City TROY	State M T	48083
TROY 9. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	ACHMENT) FILL	IN SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name	,	
RONALD KI	SHER		DAVID U	11LLIA-MS	
Street Address			Street Address		1 1 .
<u> 1305 STEPH</u>	ENSON HU	Σ y	: 1305 ST	EPHENSON A	<i>1ω</i> γ
1305 STEPH TROY	State MI	18083	City 7,20 Y	State M.T.	2.ip 4.808.3
Director Name		•••••••	Director Name	***************************************	•••••••••••••••••••••••••••••••••••••••
ROBERT N	<u>IASTALY </u>				
Street Address 1305 STEP14. City	ENSON HW	y	Street Address		
City TROY	State	48083	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATT	1 / 5 *	: 11. SHARES ISSUED	("X" BOX FOR ATTACH.	MENT) [
AUTHORIZED SHARES		- 0	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR V	ALUE		1000	COMMON	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 0 9 8 6	
File Date	2.3.04	
Check No.	80037200	
Ву:	<u> </u>	
F	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affiningly including any accompanying schedules and	
contained herein are true and correct	i/30/07
Thomas M. Ebi	Date
Print or Type Nume of Officer TREASUALL	
Title of Officer	Form 630 Rev. 12/03

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT	CORPORATION	ANNUAL REPORT FOR THE YEAR	2003
iling Decied	. Januaru I March I .	Elling Foot \$50.00	

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(EMRM MIJST RI	E TYTED OR	PRINTED IN BLACKS	

•	C	in	×1-	

2. Name of Corporation

Lason Systems, Inc.

3. Street Address Principal Business Office

1305 STEPHENSON HWY

S. State of Incorporation

248 - 837- 7232

DELAWARE

7. Brief Description of the Character of Business Conducted in Rhode Island

DIGITAL IMAGING

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

RONALD RISHER

Street Address

STEPHENSON HWY

ͳϨϾϒ

DOUGUAS KEARNEY

STEPHENSON HWY

100U(-1.45

City

TROY

STEPHENSON HMY

TTROY

State

MI.

THOMAS M. EBELINGA

BAVIS WILLIAMS

STEPHENSON HUUY

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

KUNALD RISHER

1305 STEPHENSON HWY

TIPPY MT 48083

Director Name ROBERT NASTALY

City

Street Address

State

STEPHENSON HWY

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED) SHARES

Number of Shares

Class/Series

Par Value

1,000

Title of Officer

e۩25 5

COMMON

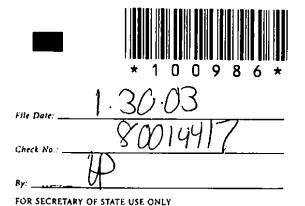
1,000 COMM \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

. 01

Form 630 12/02

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and thay all statements contained hereig again and correct. Signature of Officer 4 RUNGL



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT COR Stilling Period: Januar	PORATION ry 1-March 1 •	ANNUAL REI	PORT FOR T	HE YEAR 2002	ST PLASE INSTRUC
(FORM MUST HE TYPED IN HE	LACK)				
1. Corporate ID No.	2. Name of Corpor	ation			
100986	Lason Syst	ems, Inc.			
3. Street Address Principal Busines			City	State	ZIp
1305 STEPHEN	200 Hay		TROY	MICHIGAN	48083
4. Business Phone No.	~ ~ ~	5. State of Incorporation	•		6. SIC Code
248-597-5 7. Brief Description of the Charact		DELAWARE			U
DIGITAL IN		in knoae island			
• •		ICERS ("X" BOX FOR ATTAC	market Cit (IN Cit 4	CEC BEFARE LICINIA ARRAGI	
President Name	SSES OF THE OFF	ICERS (A BOX FOR ATTACE	MENI) FILL IN SPA Vice President Name	CES BEFORE USING ATTACH	IMENIS
RONALD RISHE	FR.			KERNEY -	
Street Address			Street Address	KEN10-7 -	
1305 STEPHE	enson hwy		1305 ST	EPHENSON HW	y
City	State	Zip	City	State	Zip
TROY	MI	48083	TROY	MI	48083
Secretary Name	15		Treasurer Name		
WILLIAM BROOF	~		· THOMAS	M. EBELING	
1305 STEPI	HENSON H	wx	Street Address	EDUCALON LIM	V
City	State	Zip		rephenson hw	
TROY	MI	48083	TROY	State M	48083
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA		PACES BEFORE USING ATTA	
Director Name			Director Name	ACCO DELORE CONTO ALTA	THATE, NIS
WILLTAM BRO	OKS		RONALD	RISHER	
Street Address	ا ده ما سر	HWY	Street Address		
1305 STEP	HENSON	חייין	1305	STEPHENSON I	ΗMλ
TROY	State M 1	Zip AOUDAD	City	State	Zip
Director Name	1-11	70003	TROY	MI.	48083
•	ESBITT		Director Name NONE	•	
ALLEN J. NI	1-2 0111		Street Address		
1305 STEP	HENSON	HMX			
City	State	Zip	City	State	Zip
TROY	MI	48083	•		•
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUE	D ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			USSUTED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR	VALUE		1 000	•	
			1,000	. COMMON	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are rise and correct. Signature of Office Title of Officer

(FORM MUST BE TYPED IN BLACK)

Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 100986 2. Name of Corporation
Lason Systems, Inc. 3. Street Address Principal Business Office 1305 STEPHINSON 4. Business Phone No. 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS JOHN R. MESSINGER RANDY STEPHINSON HWY
State
MI STEPHENSON HWY. TROY M. EBELING STEPHINSON HWY

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMEN KOBERT YANOVER STEPHINSON HWY Zip ALLEN WESBZTT

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT

AUTHORIZED SHARES

Number of Shares

Class/Series 1,000 COMM \$0.01 PAR VAL Par Value

Director Name JOHN WILLIAM BROOKS

1305 Glty

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUITO SHARES

Number of Shares

Class/Series

Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and all statements conjugated herein are true and correct.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

100986

Lason Systems, Inc.

3. Street Address Principal Business Office

1305 STEPHENSON HWY

4. Business Phone No. 2485975800

5. State of Incorporation

7. Brief Description of the Character of Business Conducted in Rhode Island

DIGITAL FMACTNG

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS

JOHN MESSANGER

STEPHENSON HWY
State
Y
MI

WILLIAM RAUWIRDINK

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Street Adden MONROE

STEPHENSON HW ? State

Director Name

KOBIRT YANOVER

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$0.01 PAR VAL

TROY

8083

Vice President Name

WILLIAM RAUWERDTUK

WILLIAM RAUWERDINK

STOPH (-USO-U HWY

ALLIA NISBITT

WILLIAM RAUWERDINK

1305

48083 TROY

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

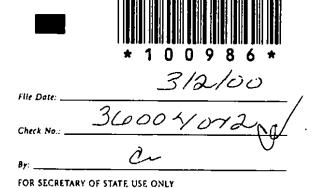
ESSUED SHARES

Number of Shares

Par Value

.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this teport; including any accompanying schedules and statements, and statements/contained horein are true and correct.

LASON SYSTEMS, INC.
OFFICERS & DIRECTORS

OFFICERS NAME	TITLE	BUSINESS ADDRESS
GARY L. MONROE	CEO	1305 STEPHENSON HWY, TROY MI 4808
JOHN R. MESSINGER	PRESIDENT & COO	1305 STEPHENSON HWY, TROY MI 4808
WILLIAM J. RAUWERDINK	EVP, CFO, TREASURER & SECRETARY	1305 STEPHENSON HWY., TROY MI 4808
BRIAN E. JABLONSKI	EVP MARKETING AND SALES	1305 STEPHENSON HWY. TROY MI 4808
MAUREEN GIAMMARA	ASST SECRETARY	1305 STEPHENSON HWY, TROY MI 4808
LAURENCE B. DEITCH	ASST SECRETARY	1305 STEPHENSON HWY., TROY MI 4808
ROBERT T. BASSMAN	CORPORATE CONTROLLER & VP	1305 STEPHENSON HWY, TROY MI 4808

DIRECTORS NAME

GARY L. MONROE	CHAIRMAN OF THE BOARD, DIRECTOR.	1305 STEPHENSON HWY., TROY MI 4808
ROBERT A. YANOVER	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
ALLEN J. NESBITT	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
WILLIAM J. RAUWERDINK DIRECTOR	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
BRUCE V. RAUNER	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
JOSEPH P. NOLAN	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
FARIBORZ GHADAR	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLIASE READ INSTRUCTIONS

1. Corporate ID No.	2. Name of Corporation	1			·
100988 . 3. Street Address Principal Business (Lason System	s, Inc.	Cito	6	
1305 Stephen	son Hwy	5. State of Incorporation	TROY	State MI	21p 4808 > 6. 810 Code
7. Brief Description of the Character	Of Business Conducted in R.	DELAWARE Island	· ·		1389
NAMES AND ADDRESS	FULLY IN	9			
President Name	110 - c	ERS ("X BOX FOR ATTACH	Vice Viesident Name	ÉFORE USING ATTACHI	MENTS
Street Address	16 Sery	EL . A.	Street Address	n Beceve	duk
city (Nory	State	2 (8D) 3 P	City	State	Zip
Secretary Name Color Street Addigus	Paive	dute	Treasurer Name	1 Perer	edeil
and			Sen	<u> </u>	•
Glly	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRECT	TORS (*X* BOX FOR ATTAC		BEFORE USING ATTAC	HMENTS
Gery W	endo E		Director Same	Muone	es
Street Address (1 Step	theison	Accep;	Street Alberess	pros	- (
CROY	Stoll M7	zip (8083	City	State	Zip
Director Varie	Mexler	H	Director Rome	Gleblen	······································
Seidl	•		Street Address Soul		
City	State	Z(p	. City	* State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACH		11. SHARES ISSUED (*X*	* BOX FOR ATTACHMENT) (•
Number of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PA	R VAL		NONE		
 This report must be signe	d in ink by either	the President, Vice Pr	esident, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Truste

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 03-29-99
Check No.: 9800439
By:

FOR SECRETARY OF STATE USE ONLY

Pobert T Bassman

Prior Type Name of Officer Controllow & V

LASON SYSTEMS, INC. OFFICERS & DIRECTORS

	GARY L. MONROE JOHN R. MESSINGER WILLIAM J. RAUWERDINK BRIAN E JABLONSKI JOSEPH P. NOLAN LAURENCE B. DEITCH ROBERT T. BASSMAN	OFFICERS NAME
CHAIRMAN OF THE BOARD, DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR	CEO PRESIDENT & COO EVP, CFO, TREASURER & SECRETARY EVP MARKETING AND SALES ASST SECRETARY ASST SECRETARY CORPORATE CONTROLLER	TITLE
1305 STEPHENSON HWY, TROY MI 48083	1305 STEPHENSON HWY., TROY MI 48083	BUSINESS ADDRESS