

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 10: 21

DOCUMENT # **P28761** (5)

1. Corporation Name  
**NIPSON PRINTING SYSTEMS INC.**

Principal Place of Business Mailing Address  
**TECHNOLOGY PARK DR M/S 302N  
BILLERICA MA 01821-1199**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/29/1990</b>	3a. Date of Last Report <b>02/11/1994</b>
4. FEI Number <b>94-2768314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>ANDREWS, DAVID J</b>
STREET ADDRESS	<b>15 NORMANDY DR</b>
CITY-ST-ZIP	<b>SUDBURY MA</b>
TITLE	<b>VT</b>
NAME	<b>BYRNE, BRIAN A.</b>
STREET ADDRESS	<b>TECHNOLOGY PARK</b>
CITY-ST-ZIP	<b>BILLERICA MA</b>
TITLE	<b>AT</b>
NAME	<b>CURTISS, DANIEL</b>
STREET ADDRESS	<b>TECHNOLOGY PARK</b>
CITY-ST-ZIP	<b>BILLERICA MA</b>
TITLE	<b>PD</b>
NAME	<b>NEHME, RAOUL</b>
STREET ADDRESS	<b>TECHNOLOGY PARK</b>
CITY-ST-ZIP	<b>BILLERICA MA</b>
TITLE	<b>D</b>
NAME	<b>MOURIER, JEAN</b>
STREET ADDRESS	<b>AVENUE DES USINES</b>
CITY-ST-ZIP	<b>9000 BELFORT FR</b>
TITLE	<b>D</b>
NAME	<b>LEGLOIS, AXEL J.</b>
STREET ADDRESS	<b>TECHNOLOGY PARK</b>
CITY-ST-ZIP	<b>BILLERICA MA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *David J. Andrews* 2/15/95 David J. Andrews (508) 294-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF INCUMBENT OFFICER OR DIRECTOR

**NIPSON PRINTING SYSTEMS INC.**  
Technology Park, M/S 302N  
Billerica, MA 01821-4199

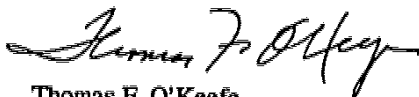
February 7, 1995

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Enclosed please find 1995 Annual Report for NIPSON Printing Systems Inc.

If you have any questions, please call me at (508) 294-5300.

Very truly yours,



Thomas F. O'Keefe  
Director of Tax Audits

TFO/tav

Enclosures