

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -9 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P35061 (1)

1. Corporation Name  
SCITEX AMERICA CORP.

Principal Place of Business Mailing Address  
8 OAK PARK DRIVE 8 OAK PARK DRIVE  
BEDFORD MA 01730 BEDFORD MA 01730

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/12/1991	3a. Date of Last Report 07/13/1994
4. FEI Number 13-2783089	Applied For 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	

21. Principal Place of Business Sute. Apt. #, etc. City & State Zip Country	26. Mailing Address Sute. Apt. #, etc. City & State Zip Country
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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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0503 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 \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARLSLE, GEORGE M
STREET ADDRESS	8 OAK PARK DR.
CITY-ST-ZIP	BEDFORD MA
TITLE	VS
NAME	WILSON, RAYMOND
STREET ADDRESS	8 OAK PARK DR.
CITY-ST-ZIP	BEDFORD MA
TITLE	D
NAME	ASHER, WILLIAM B JR.
STREET ADDRESS	8 OAK PARK DR.
CITY-ST-ZIP	BEDFORD MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	Vice President Finance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Suzanne E. Rogers
23. STREET ADDRESS	8 Oak Park Drive
24. CITY-ST-ZIP	Bedford, MA 01730
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	200001126002 <input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	-03/10/95--01637-01
43. STREET ADDRESS	****200.00 ****200.00
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do 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)(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, 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 of this report, or on an attachment with an address.

SIGNATURE: Suzanne E. Rogers 3/1/95 (017)275-5150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP Finance