

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

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**Mar 31 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 # P35061 (1)
 1. Corporation Name
SCITEX AMERICA CORP.



Principal Place of Business 8 OAK PARK DRIVE BEDFORD MA 01730	Mailing Address 8 OAK PARK DRIVE BEDFORD MA 01730-1414
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/12/1991	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		13-2783089	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
					FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIMAN, ALAN	1.2 NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8 OAK PARK DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BEDFORD MA	1.4 CITY - ST - ZIP	
TITLE	VPF	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, SUZANNE E	2.2 NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8 OAK PARK DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BEDFORD MA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHER, WILLIAM B JR.	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8 OAK PARK DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BEDFORD MA	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CREARY	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8 OAK PARK DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	BEDFORD MA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIORA BITAN	5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	HAMADA STREET, P. O. BOX 330	5.3 STREET ADDRESS	
CITY - ST - ZIP	46103 HERZLIA B IS	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND P. WILSON	6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8 OAK PARK DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	BEDFORD MA * See Attached	6.4 CITY - ST - ZIP	
		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		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 on an attachment with an address.

SIGNATURE: Michael L Cormier (617) 3-12-97 875-5150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**Scitex America Corp.
Present Officers and Directors
Names and Addresses**

Name	Title		Business Address/ Residential Address
Yoav Z. Chelouche	Director	(Bus.)	7 Hamada St., 46103 Herzlia B, Israel
		(Res.)	53 Lamerchav St., 47226 Ramat Hasharon, Israel
Eyal Desheh	Director		7 Hamada St., 46103 Herzlia B, Israel
Shlomo Shamir	Director; President; CEO; Acting CFO		8 Oak Park Drive, Bedford, MA 01730
		(Res.)	16 Hayasmin St., P.O. Box 446, Kochav-Yair, 44864, Israel
Stephen J. Campbell	V.P., Business Operations	(Bus.)	8 Oak Park Drive, Bedford, MA 01730
		(Res.)	25 Porter Street, Billerica, MA 01821
Ian Ehrenberg	V.P., Sales	(Bus.)	8 Oak Park Drive, Bedford, MA 01730
		(Res.)	92 Buena Vista Avenue, Rumson, NJ 07760
John J. Whelan, Jr.	V.P., Human Resources	(Bus.)	8 Oak Park Drive, Bedford, MA 01730
		(Res.)	5 Algonquin Road, Medfield, MA 02052
Michael Cormier	Clerk; Secretary; Director of Taxes	(Bus.)	8 Oak Park Drive, Bedford, MA 01730
		(Res.)	18 Clarendon Street, South Weymouth, MA 02190
John M. Creary	Treasurer	(Bus.)	8 Oak Park Drive, Bedford, MA 01730
		(Res.)	167 Patrick Rd., Tewksbury, MA 01876
Sharon R. Schmidt	Director, Business & Legal Affairs	(Bus.)	8 Oak Park Drive, Bedford, MA 01730
		(Res.)	39 Swallow Lane, Dunstable, MA 01827

Donald J. Carter	Assistant Treasurer	(Bus.)	8 Oak Park Drive, Bedford, MA 01730
		(Res.)	60 Greenbrook Rd., South Hamilton, MA 01982
William B. Asher, Jr.	Assistant Clerk; Assistant Secretary	(Bus.)	125 High St., Boston, MA 02110
		(Res.)	22 Berwick Road, Newton, MA 02158
David Shulman	Assistant Clerk; Assistant Secretary	(Bus.)	7 Hamada St., 46103 Herzlia B, Israel
		(Res.)	P.O. Box 330, 46103 Herzlia B, Israel