

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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P35061 (1)**  
 1. Corporation Name  
**SCITEX AMERICA CORP.**



Principal Place of Business <b>8 OAK PARK DRIVE BEDFORD MA 01730</b>	Mailing Address <b>8 OAK PARK DRIVE BEDFORD MA 01730</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/12/1991</b>	
21	22	26	27	4. FEI Number <b>13-2783089</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relisting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>AD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIMAN, ALAN</b>		1.2 NAME	<b>Shamir, Shlomo</b>	
STREET ADDRESS	<b>8 OAK PARK DRIVE</b>		1.3 STREET ADDRESS	<b>8 Oak Park Drive</b>	
CITY-ST-ZIP	<b>BEDFORD MA</b>		1.4 CITY-ST-ZIP	<b>Bedford, MA 01730</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Whelan, John</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, STEVEN</b>		2.2 NAME	<b>8 Oak Park Drive</b>	
STREET ADDRESS	<b>8 OAK PARK DR.</b>		2.3 STREET ADDRESS	<b>Bedford, MA 01730</b>	
CITY-ST-ZIP	<b>BEDFORD MA</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V/T (Acting T)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OESHEH, EYAL</b>		3.2 NAME	<b>Yossy Zylberberg</b>	
STREET ADDRESS	<b>7 HAMADA ST.</b>		3.3 STREET ADDRESS	<b>8 Oak Park Drive</b>	
CITY-ST-ZIP	<b>46103 HERZLIA B IS</b>		3.4 CITY-ST-ZIP	<b>Bedford, MA 01730</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN CREARY</b>		4.2 NAME		
STREET ADDRESS	<b>8 OAK PARK DR</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BEDFORD MA</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHELOUCHE, YOAV</b>		5.2 NAME		
STREET ADDRESS	<b>7 HAMADA ST.</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>46103 HERZLIA B IS</b>		5.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Schmidt, Sharon</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORMIER, MICHAEL</b>		6.2 NAME	<b>8 Oak Park Drive</b>	
STREET ADDRESS	<b>8 OAK PARK DR.</b>		6.3 STREET ADDRESS	<b>Bedford, MA 01730</b>	
CITY-ST-ZIP	<b>BEDFORD MA</b>		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)