


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

FILED
Feb 18 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P12015 (4)

1. Corporation Name
NEOPOST LEASING, INC.



| | |
|---|--|
| Principal Place of Business 30955 HUNTWOOD AVENUE HAYWARD CA 94544 | Mailing Address 30955 HUNTWOOD AVENUE HAYWARD CA 94544-7005 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/04/1986 | 3a. Date of Last Report 03/20/1996 |
|--|--|

| | |
|--------------------------------|---------------------|
| 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 | Zip |
| Country | Country |
| 24 | 29 |
| 25 | 30 |

| | |
|--|--|
| 4. FEI Number 94-2984524 | Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

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 **FL** 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | MAHLSTEDT, NEIL D |
| STREET ADDRESS | 944 SHORELINE ROAD LBS |
| CITY-ST-ZIP | BARRINGTON IL |
| TITLE | VPCS <input type="checkbox"/> DELETE |
| NAME | DICKESON, STEPHEN M |
| STREET ADDRESS | 4425 GREENS COURT |
| CITY-ST-ZIP | LIVERMORE CA |
| TITLE | VPFC <input type="checkbox"/> DELETE |
| NAME | DICKESON, STEPHEN M |
| STREET ADDRESS | 4425 GREENS COURT |
| CITY-ST-ZIP | LIVERMORE CA |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MAHLSTEDT, NEIL D |
| STREET ADDRESS | 944 GREENS CT |
| CITY-ST-ZIP | LIVERMORE CA |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SARCY, CHRISTIAN |
| STREET ADDRESS | 113 RUE JEAN MARIN NAUDIN |
| CITY-ST-ZIP | 92220 BAGNEUX FR |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 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 or changed, or on an attachment with an address.

SIGNATURE:  **STEPHEN M. DICKESON**
 Corp. Secretary, FEB 07 1997, (510) 489-6800

CR2E034 (9/96)