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FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 812869

1. Corporation Name

XEROX CORPORATION

Principal Place of Business

Mailing Address

800 LONG RIDGE ROAD P.O. BOX 1600
STAMFORD, CT 06904-1600 STAMFORD, CT. 06904-1600

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/14/1958

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

16-0468020

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$9.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FLORIDA 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000002501200

83 04/27/98--01052--034

84 City

***150.00

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D/C ☐ Change ☒ Addition
1.2 NAME PAUL A. ALLAIRE
1.3 STREET ADDRESS 800 LONG RIDGE ROAD
1.4 CITY-ST-ZIP STAMFORD, CT 06904-1600

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V/T/S ☐ Change ☒ Addition
2.2 NAME E. MARGIE FILTER
2.3 STREET ADDRESS 800 LONG RIDGE ROAD
2.4 CITY-ST-ZIP STAMFORD, CT 06904-1600

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME RUSSELL Y. OKASAKO
3.3 STREET ADDRESS 800 LONG RIDGE ROAD
3.4 CITY-ST-ZIP STAMFORD, CT 06904-1600

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME RALPH S. LARSEN
4.3 STREET ADDRESS ONE JOHNSON & JOHNSON PLAZA
4.4 CITY-ST-ZIP NEW BRUNSWICK, NJ 08933

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME JOHN E. PEPPER
5.3 STREET ADDRESS ONE PROCTOR & GAMBLE PLAZA
5.4 CITY-ST-ZIP CINCINNATI, OH 45202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME YOTARO KOBAYASKI
6.3 STREET ADDRESS 2-17-22 AKASAKA, MINATO-KU
6.4 CITY-ST-ZIP TOKYO 107, JAPAN

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:

Russell Y. Okasako

Russell Y. Okasako

4/20/98

(203) 968-3779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/97)