

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 30 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1986
 4. FEI Number: 94-2984524
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc., 22 City & State, 23 Zip, 24 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 Country, 30

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	MAHLSTEDT, NEIL D	<input type="checkbox"/> DELETE
STREET ADDRESS	944 SHORELINE ROAD LBS BARRINGTON IL		
CITY-ST-ZIP			
TITLE	VPCS	DICKESON, STEPHEN M	<input type="checkbox"/> DELETE
STREET ADDRESS	4425 GREENS COURT LIVERMORE CA		
CITY-ST-ZIP			
TITLE	VPCF	DICKESON, STEPHEN M	<input type="checkbox"/> DELETE
STREET ADDRESS	4425 GREENS COURT LIVERMORE CA		
CITY-ST-ZIP			
TITLE	D	MAHLSTEDT, NEIL D	<input type="checkbox"/> DELETE
STREET ADDRESS	944 GREENS CT LIVERMORE CA		
CITY-ST-ZIP			
TITLE	D	SARCY, CHRISTIAN	<input type="checkbox"/> DELETE
STREET ADDRESS	113 RUE JEAN MARIN NAUDIN 92220 BAGNEUX FR		
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
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 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: _____ 7-13-98

CR2E034 (5/98)