

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805891 (9)
1. Corporation Name
MOORE U.S.A. INC.

Principal Place of Business
275 NORTH FIELD DRIVE
LAKE FOREST IL 60045

Mailing Address
275 NORTH FIELD DRIVE
LAKE FOREST IL 60045



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1945	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 16-0331690		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
				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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, J.M.	1.2 NAME	
STREET ADDRESS	66 FISHLEIGH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH, ON M1N 1H5	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHETRAPAL, S	2.2 NAME	
STREET ADDRESS	75 SIR WILLIAMS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLINGTON, ON M9A 1V2	2.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, C.J.	3.2 NAME	V F CUNNINGHAM, T.J.
STREET ADDRESS	235 BELSIZE DRIVE	3.3 STREET ADDRESS	950 HAVENWOOD LANE
CITY-ST-ZIP	TORONTO, ON M4S 1M3	3.4 CITY-ST-ZIP	LAKE FOREST IL 60045
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, G.M.	4.2 NAME	V MCKIERNAN, T.J.
STREET ADDRESS	720 VALLEY ROAD	4.3 STREET ADDRESS	1046 GRANDVIEW LANE
CITY-ST-ZIP	LAKE FOREST IL 60065	4.4 CITY-ST-ZIP	LAKE FOREST IL 60045
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, R	5.2 NAME	TYLER, E
STREET ADDRESS	101 PEMBROKE DRIVE	5.3 STREET ADDRESS	275 NORTH FIELD DRIVE
CITY-ST-ZIP	LAKE FOREST IL 60045	5.4 CITY-ST-ZIP	LAKE FOREST IL 60045
TITLE	VCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLINSKI, S.A.	6.2 NAME	
STREET ADDRESS	1237 BIRCHVIEW DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA ON	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.

CR2E034 (10/97)