

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Suzanna B. MARTIN
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845394** (6)
1. Corporation Name
OLIVETTI NORTH AMERICA, INC.

Principal Place of Business: **22425 E APPLEWAY LIBERTY LAKE WA 99019-9534 US**
Mailing Address: **22425 E APPLEWAY LIBERTY LAKE WA 99019-9534 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. State, Apt. #, etc.: **27**
23. City & State: **28**
24. **25** **29** **30**

3. Date Incorporated or Qualified: **03/04/1980**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **91-1000690**
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 has liability for intangible tax under S. 199 U.S. Florida Statutes: Yes 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: **FL**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE: V	SMALLEY, ARTHUR C. N 17017 TRIPLE BUTTE CIR COLBERT WA	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V	ROMUSSI, FERNANDO 1512 S RIEGAL CT SPOKANE WA	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: CFO	MAGA, BRUNO N 2400 WILBUR RD #45 SPOKANE WA	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: CD	DEMERRITT, TED N 709 KING JAMES LANE LIBERTY LAKE WA	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V	MASON, RONALD E JR E 1607-27TH SPOKANE WA	5. TITLE: EV/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DEKINDIE, THOMAS A. S. 1920 VICARE, RR 10, BOX 175 SPOKANE, WA 99206
TITLE: S	SCHMIDTMAN, SCOTT L. E 4823 JAMIESON RD SPOKANE WA	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I 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 of 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: *Arthur C. Smalley* **ARTHUR C. SMALLEY** 4-24-95 509/927-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR