

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 24 AM 10:12

DOCUMENT # **855283** (8)

1. Corporation Name
US INK CORPORATION

Principal Place of Business Mailing Address
**343 MURRAY HILL PARKWAY
EAST RUTHERFORD NJ 07073** **343 MURRAY HILL PARKWAY
EAST RUTHERFORD NJ 07073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/18/1983** 3a. Date of Last Report **01/31/1994**

4. FEI Number **52-1303741** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **C/O Sun Chemical Corp.**
22 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
P.O. Box 1302
23 City & State 27 City & State
FORT LEE, NJ
24 Zip 25 Country 29 Zip 30 Country
07024 **USA**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BAKER, RONALD C.
STREET ADDRESS	22 GREEN WAY
CITY - ST - ZIP	MAHWAH NJ
TITLE	T
NAME	VIGNOLO, BIAGIO N
STREET ADDRESS	1 OLD CHESTNUT RIDGE ROAD
CITY - ST - ZIP	MONTVALE NJ
TITLE	S
NAME	SALTZMAN, WILLIAM H
STREET ADDRESS	2 TRENOR DRIVE
CITY - ST - ZIP	NEW ROCHELLE NY
TITLE	D
NAME	BARR, EDWARD E
STREET ADDRESS	560 ILLINGWORTH AVE.
CITY - ST - ZIP	ENGLEWOOD NJ
TITLE	AT
NAME	LEONARD, ROBERT E
STREET ADDRESS	343 MURRAY HILL PARKWAY
CITY - ST - ZIP	EAST RUTHERFORD NJ
TITLE	AS
NAME	COX, MELVIN M
STREET ADDRESS	288 RIVER ROAD
CITY - ST - ZIP	EDGEWATER NJ

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melvin M. Cox **MELVIN M. COX** 01/11/95 201-224-4600X216