

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **855283** (8)

1. Corporation Name
US INK CORPORATION



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

Mailing Address: **C/O SUN CHEMICAL CORP
P. O. BOX 1302 N/A
FT. LEE NJ 07024
US**

3. Date Incorporated or Qualified: **01/18/1983**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **52-1303741**

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 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 whenever stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: DELETE

NAME: **PD BAKER, RONALD C.**

STREET ADDRESS: **22 GREEN WAY**

CITY-STATE-ZIP: **MAHWAH NJ**

TITLE: DELETE

NAME: **T VIGNOLO, BIAGIO N**

STREET ADDRESS: **1 OLD CHESTNUT RIDGE ROAD**

CITY-STATE-ZIP: **MONTVALE NJ**

TITLE: DELETE

NAME: **S SALTZMAN, WILLIAM H**

STREET ADDRESS: **2 TRENOR DRIVE**

CITY-STATE-ZIP: **NEW ROCHELLE NY**

TITLE: DELETE

NAME: **D BARR, EDWARD E**

STREET ADDRESS: **580 ILLINGWORTH AVE.**

CITY-STATE-ZIP: **ENGLEWOOD NJ**

TITLE: DELETE

NAME: **AT LEONARD, ROBERT E**

STREET ADDRESS: **343 MURRAY HILL PARKWAY**

CITY-STATE-ZIP: **EAST RUTHERFORD NJ**

TITLE: DELETE

NAME: **AS COX, MELVIN M**

STREET ADDRESS: **268 RIVER ROAD**

CITY-STATE-ZIP: **EDGEWATER NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME

1.3 STREET ADDRESS: **722 Jenny Trail**

1.4 CITY-STATE-ZIP: **Franklin Lakes, NJ**

2.1 TITLE: Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE: Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE: Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE: Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE: Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 119.07(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 607, 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 Cox** 1/22/96 601224-4600x216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/22/96 Daytime Phone #

CR2E034 (12/95)