

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003661

Entity Name: OCE IMAGISTICS INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

100 OAKVIEW DRIVE
TRUMBULL, CT 06611

New Principal Place of Business:

Current Mailing Address:

100 OAKVIEW DRIVE
TRUMBULL, CT 06611

New Mailing Address:

FEI Number: 06-1611068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CHILLOCK, JOHN
Address: 100 OAKVIEW DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: V () Delete
Name: GIFFORD, NATHANIEL M
Address: 100 OAKVIEW DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: AT () Delete
Name: CACACE, MARIO
Address: 100 OAKVIEW DR
City-St-Zip: TRUMBULL, CT 06611

Title: P () Delete
Name: SKRZYPCZAK, JOSEPH
Address: 100 OAKVIEW DRIVE
City-St-Zip: TRUMBULL, CT 06611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DEWART, CHRIS C
Address: 100 OAKVIEW DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: S (X) Change () Addition
Name: HART, DANIEL P
Address: 100 OAKVIEW DR
City-St-Zip: TRUMBULL, CT 06611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO CACACE

AT

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date