## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000003661

Entity Name: OCE IMAGISTICS INC

TRUMBULL, CT 06611

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

Entity Nai	me: OCE IMA	AGISTICS INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	IEW DRIVE L, CT 06611				
Current Mailing Address:			New Mailing Address:		
	IEW DRIVE L, CT 06611				
FEI Number:	: 06-1611068	FEI Number Applied For ( )	FEI Number Not Appli	licable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK FL 33331 U				
	named entity e of Florida.	submits this statement for the	purpose of changing it	its registered office or registered agent, or bot	h,
SIGNATU	RE:				
Fl4: 0		nic Signature of Registered A	gent	Date	_
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO	ORS:
Title: Name: Address: City-St-Zip:	VP ( DEWART, CHI 100 OAKVIEW TRUMBULL, C	DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DEWART, CHRIS C 100 OAKVIEW DRIVE TRUMBULL, CT 06611	
Title: Name: Address: City-St-Zip:	S ( HART, DANIEL 100 OAKVIEW TRUMBULL, C	DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	AT ( CACACE, MAF 100 OAKVIEW TRUMBULL, C	DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	P ( SKRZYPCZAK 100 OAKVIEW		Title: Name: Address:	PD (X) Change ( ) Addition SKRZYPCZAK, JOSEPH 100 OAKVIEW DRIVE	

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.

City-St-Zip:

TRUMBULL, CT 06611

SIGNATURE: MARIO CACACE AT 04/22/2009