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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002680 (5)

1. Corporation Name

GIESECKE & DEVRIENT AMERICA, INC.



Principal Place of Business

11419 SUNSET HILLS ROAD
RESTON VA 22090

Mailing Address

11419 SUNSET HILLS ROAD
RESTON VA 22090

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 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 then applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BATHOLOMAEI, VOLKER W
STREET ADDRESS 11419 SUNSET HILLS ROAD
CITY-STATE-ZIP RESTON VA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE V
NAME MUELLER, BERND W
STREET ADDRESS 11419 SUNSET HILLS ROAD
CITY-STATE-ZIP RESTON VA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE V
NAME KISSMAN, MARK
STREET ADDRESS 11419 SUNSET HILLS ROAD
CITY-STATE-ZIP RESTON VA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE S
NAME VOIGHT, ELIZABETH
STREET ADDRESS POSTFACH 10 14 62, 80088 MUNCHEN
CITY-STATE-ZIP GERMANY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE CD
NAME OTTO, SIEGFRIED
STREET ADDRESS PRINZREGENTENSTRASSE 159
CITY-STATE-ZIP GERMANY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE VD
NAME BECK, MANFRED
STREET ADDRESS PRINZREGENTENSTRASSE 159
CITY-STATE-ZIP GERMANY

6.1 TITLE
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:

Mark A. Kissman

3/28/96

703 709 5347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)