# FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600004954 1. Corporation Name

OCE PRINTING SYSTEMS USA, INC.

# **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90094 011 \*\*\*150.00



Principal Place of Business Mailing Address							\$ 1084100 3118 10150 01511 40111 60	lil <b>46</b> il 88il	<b>   </b>	I DINK DIDI 1901
5600 BROKEN SOUND BOULEVARD BOCA RATON FL 33487-3599  5600 BROKEN SOUND BOL BOCA RATON FL 33487-3599							DO NOT WRI	TE IN THIS	S SPACE	
						3	. Date Incorporated or Qualifed			
						1	09/26/1996			
2. Principal Pl	2a. Mailing Address	ailing Address			4	FEI Number		A	plied For	
21		26					65-0693286 Not Applicable			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				. Certifcate of Status Desired			Additional
22		27	27			3	, Certificate of Otatos Desired	<u> </u>	Fee R	equired
City & State		City & State	City & State			6	6. Election Campaign Financing \$5.00 May Be			
		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	· ·			8	8. This corporation owes the current year Intangible Personal Property Tax.			
24 25 29 29			30	Personal Property Tax				Panistarad		<b>4</b> 0140
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				82 Street Addres			P.O. Box Number is Not Accepta	able)		
RLANTATION FL 33324				83						
									T-=1 =0	
-				84	City			Fl	_   85   Zip	Code
11. Pursuant i	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the al	bove	-named o	corporation	on submits this statement for the	DUITOOSE O	f changing its	registered
office or re	to the provisions or Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	ıthorized	lbyt	the corpoi	oration's b	poard of directors. I hereby accep	ot the appo	ointment as re	egistered
J	il lamiliai with, and accept the obligat	ions or, Section dor. 0000, Fior	ida Olak	nes.						Į
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered	Agent	t signature re	equired when	reinstating)	DATE		-
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	PM	☐ DELETE	1.1 TI	TLE					Change	☐ Addition
NAME.	KRAUSE, H.W.		1.2 NA	ME	Ī					
STREET ADDRESS 5600 BROKEN SOUND BOULEVAR		vard	1.3 ST	REET	ADDRESS		•			
C/TY-ST-ZIP	BOCA RATON FL 33487-3599		1.4 CT	TY-ST	- ZIP					
TITLE	S	☐ DELETE	2.1 TI	LE			•		Change	☐ Addition
NAME	SCORDINO, MICHAEL		2.2 N	ME			;			
STREET ADDRESS				2.3 STREET ADDRESS						Į.
CITY-ST-ZIP	BOCA RATON FL 33487-3599		2.4 C		T-ZIP		<u> </u>	-	<u> </u>	Addition
TITLE	V	☐ DELETE	31 Tr						Change	☐ Addition
NAME	CAPUTO, DOMINIC			3.2 NAME						
STREET ADDRESS	14 ROBERT LENNOX DR		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	EATONS NECK NY 11768	[ herete	3.4. C		T- ZIP				Change	Addition
TITLE	V	☐ DELETE	4,1 ∏				- Michael		La Change	L Addition
NAME	OUT C, INICIALE			4.2 NAME 4.3 STREET ADDRESS		K OF 3	tz, Michael.			
STREET ADDRESS	5600 BROKEN SOUND BLVD									
CITY-ST-ZIP	BOCA RATON FL 33487	☐ DELETE	4.4 CI 5.1 TI		- ZIP		<del></del>	· ·	Change	Addition
TITLE	V MANIAN TIMOTHY	LJ OCCETE	5.1 II 5.2 NA		1	Mov	Ian, Timothy		g	
NAME	MAYLAN, TIMOTHY				ADDRESS	,				
STREET ADDRESS	5600 BROKEN SOUND BLVD		5.4 CF							
CITY-ST-ZIP TITLE	BOCA RATON FL 33487	☐ DELETE	6.1 Tr			Nice	L President & CFC	<u> </u>	Change	Addition
	VETILLO LOCEDIA M		6.2 N	WE			. EASANO		_ ,	_
NAME CTREET ADDRESS	VETILLO, JOSEPH M				ADDRESS	560	o Broken Soun	8 BIV	d	
STREET ADDRESS	5600 BROKEN SOUND BLVD		5.50			0.0		٠ ٦	2487	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 attackment with an address with all other like empowered.

SIGNATURE: 34