

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90328 005 ***150.00

DOCUMENT # F96000004954

1. Entity Name

OCE PRINTING SYSTEMS USA, INC.

Principal Place of Business

**5600 BROKEN SOUND BOULEVARD
BOCA RATON FL 33487-3599**

Mailing Address

**5600 BROKEN SOUND BOULEVARD
BOCA RATON FL 33487-3599**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0693286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

**1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

**PM
LONG, THOMAS
5600 BROKEN SOUND BOULEVARD
BOCA RATON FL 33487-3599**

TITLE NAME ☐ Delete

**S
SCORDINO, MICHAEL
5450 N. CUMBERLAND AVE
CHICAGO IL 60656-1490**

TITLE NAME ☐ Delete

**V
CAPUTO, DOMINIC
14 ROBERT LENNOX DR
EATONS NECK NY 11768**

TITLE NAME ☐ Delete

**V
KURTZ, MICHAEL
5600 BROKEN SOUND BLVD
BOCA RATON FL 33487**

TITLE NAME ☐ Delete

**V
MOYLAN, TIMOTHY
5600 BROKEN SOUND BLVD
BOCA RATON FL 33487**

TITLE NAME ☐ Delete

**V
VETILLO, JOSEPH M
5600 BROKEN SOUND BLVD
BOCA RATON FL 33487**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☒ Change ☐ Addition

**8600 W. Bryn Mawr Avenue
Chicago, IL 60631**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Healy-Director

1/8/02

Date

(561)997-3264

Daytime Phone #

CR2E034 (9/01)