

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001538

1. Entity Name

DELPHAX SYSTEMS INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90104 035 ***150.00

Principal Place of Business

Mailing Address

5 CAMPANELLI CIRCLE
CANTON MA 02021

5 CAMPANELLI CIRCLE
CANTON MA 02021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1494337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **GUPTA, ANSHOO**
STREET ADDRESS **XEROX CENTRE DRIVE, ESC1-16A**
CITY-ST-ZIP **EL SEGUNDO CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BUCHANAN, JOHN**
STREET ADDRESS **5060 TOMKEN RD.**
CITY-ST-ZIP **MISSISSAUGA, ONTARIO L4W-3N9**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HULTSTROM, DENNIS E**
STREET ADDRESS **5 CAMPANELLI CIRCLE**
CITY-ST-ZIP **CANTON MA**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **RAY VELLA**
STREET ADDRESS **5030 TIMBERLEA BLVD, MISSISSAUGA, ONTARIO, CANADA**

TITLE **S** ☐ Delete
NAME **WAGNER, MARTIN W**
STREET ADDRESS **800 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **LARSON, ROY B**
STREET ADDRESS **800 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MARDORF, GARY**
STREET ADDRESS **101 CONTINENTAL BLVD.**
CITY-ST-ZIP **EL SEGUNDO CA**

TITLE **ASSISTANT TREASURER** ☒ Change ☐ Addition
NAME **DENNIS L. HEROLD,**
STREET ADDRESS **PHILLIPS ROAD, WEBSTER, NEW YORK 14580**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2001
Date

203 968-4657
Daytime Phone #

CR2E034 (10/00)