

FILED
May 28, 2002 8:00 am
Secretary of State

04-10-2002 90666 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001538

1. Entity Name

DELPHAX SYSTEMS INC.

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29004

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2. Principal Place of Business

5030 TIMERLEA BLVD

Suite, Apt. #, etc.

3. Mailing Address

800 LONG RIDGE RD.

Suite, Apt. #, etc.

P.O. BOX 1600

City & State

MISSISSAUGA, ONTARIO

Zip

LW4285

Country

CANADA

City & State

STAMFORD, CT

Zip

06904

Country

USA

4. FEI Number

06-1494337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

TALLAHASSEE,

FL

32301-2525

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	DIRECTOR
NAME	GUPTA, ANSHOO
STREET ADDRESS	70 LINDEN OAK PARKWAY
CITY - ST - ZIP	ROCHESTER, NEW YORK 14625
TITLE	PRESIDENT
NAME	JOHN BUCHANAN
STREET ADDRESS	5030 TIMERLEA BLVD
CITY - ST - ZIP	MISSISSAUGA, ONTARIO, CANADA L4W-3N9
TITLE	VICE PRES & ASSISTANT SEC.
NAME	ROY B. LARSON
STREET ADDRESS	800 LONG RIDGE RD.
CITY - ST - ZIP	STAMFORD, CT 06904
TITLE	TREASURER
NAME	RAY VELLA
STREET ADDRESS	5030 TIMERLEA BLVD
CITY - ST - ZIP	MISSISSAUGA, ONTARIO CANADA LW4285
TITLE	SECRETARY
NAME	MARTIN S. WAGNER
STREET ADDRESS	800 LONG RIDGE RD.
CITY - ST - ZIP	STAMFORD, CT 06904
TITLE	ASSISTANT SECRETARY
NAME	MARK SHEIVACHMAN
STREET ADDRESS	800 LONG RIDGE RD.
CITY - ST - ZIP	STAMFORD, CT 06904

TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK SHEIVACHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2002

Date

(203) 958-4657

Daytime Phone #