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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M69205 (6)
1. Corporation Name
SPALDING OFFICE SYSTEMS, INC.



Principal Place of Business Mailing Address
525 FELLOWSHIP ROAD (STE 360) MOUNT LAUREL NJ 08054
525 FELLOWSHIP ROAD (STE 360) MOUNT LAUREL NJ 08054-3416

3. Date Incorporated or Qualified 02/16/1988
3a. Date of Last Report 04/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 204 Springs Hill Rd	26 204 Spring Hill Rd	65-0045200	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Trumbull, CT	28 Trumbull, CT	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 06601	29 06601	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name MS LESLIE SIEGEL 82 Street Address (P.O. Box Number is Not Acceptable) 2113 DEL WEBB 83 BOULEVARD EAST 84 City SUN CITY CENTER FL 85 Zip Code 33573

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: *Leslie Siegel* (NOTE: Registered Agent signature required when reinstating) DATE: 4/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: SCHWARTZ, KAREN	1.1 TITLE: S	1.2 NAME: PETER C. WILLMAN
STREET ADDRESS: 1144 LIBERTY BELL DR.	CITY - ST - ZIP: CHERRY HILL NJ	1.3 STREET ADDRESS: 186 CHERRY STREET	1.4 CITY - ST - ZIP: KATONAH, NY 10530
TITLE: S	NAME: CAMPBELL, JOHN	2.1 TITLE: P	2.2 NAME: ANDREA L. WILLMAN
STREET ADDRESS: 146 PENDRAGON WAY	CITY - ST - ZIP: MANTUA NJ	2.3 STREET ADDRESS: 186 CHERRY STREET	2.4 CITY - ST - ZIP: KATONAH, NY 10536
TITLE: T	NAME: VOLLMERS, GINYA E.	3.1 TITLE: T	3.2 NAME: COURTLAND Z. WILLMAN
STREET ADDRESS: 3100 S OCEAN BLVD, APT 114	CITY - ST - ZIP: HIGHLAND BCH FL	3.3 STREET ADDRESS: 186 CHERRY STREET	3.4 CITY - ST - ZIP: KATONAH, NY 10535
TITLE: [] DELETE	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY - ST - ZIP:	4.3 STREET ADDRESS:	4.4 CITY - ST - ZIP:
TITLE: [] DELETE	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY - ST - ZIP:	5.3 STREET ADDRESS:	5.4 CITY - ST - ZIP:
TITLE: [] DELETE	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY - ST - ZIP:	6.3 STREET ADDRESS:	6.4 CITY - ST - ZIP:

14. I do 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 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 on an attachment with an address.

SIGNATURE: *Peter C. Willman* DATE: 1/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 459-0007

CFR2E034 (9/96)