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Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90087 041 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M69205

1. Corporation Name  
SPALDING OFFICE SYSTEMS, INC.

Principal Place of Business

204 SPRING HILL RD.  
TRUMBULL CT 06611  
US

Mailing Address

204 SPRING HILL CT.  
TRUMBULL CT 06611  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1988

4. FEI Number

65-0045200

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGEL, LESLIE  
2113 DEL WEBB  
BOULEVARD EAST  
SUN CITY CENTER FL 33573

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

S  
NAME WILLIMAN, PETER C.  
STREET ADDRESS 186 CHERRY ST.  
CITY-ST-ZIP KATONAH NY

1.1 TITLE  Change  Addition

TITLE  DELETE

P  
NAME WILLER, ANDREA L  
STREET ADDRESS 186 CHERRY ST.  
CITY-ST-ZIP KATONAH NY

2.1 TITLE  Change  Addition

TITLE  DELETE

T  
NAME WILLMAN, COURTLAND L.  
STREET ADDRESS 186 CHERRY ST.  
CITY-ST-ZIP KATONAH NY

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/30/99 203-459-0007

CR2E034 (1/198)