

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P00299 (8)
 1. Corporation Name
MONTELL USA INC.



Principal Place of Business
**2801 CENTERVILLE RD.
 P.O. BOX 15439
 WILMINGTON DE 19850-2439**

Mailing Address
**2801 CENTERVILLE RD.
 P.O. BOX 15439
 WILMINGTON DE 19850-5439**

3. Date Incorporated or Qualified **12/15/1983** 3a. Date of Last Report **02/14/1996**
 4. FEI Number **51-0272089** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 State, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	OCKUN, ROBERT J.	
STREET ADDRESS	116 MARLBROOKE WAY	
CITY - ST - ZIP	WILMINGTON DE	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	MARRIONE, PAOLO	
STREET ADDRESS	715 PRINCETON RD	
CITY - ST - ZIP	WILMINGTON DE	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROWN, ELIZABETH R	
STREET ADDRESS	2801 CENTERVILLE RD	
CITY - ST - ZIP	WILMINGTON DE	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALSH, K. E.	
STREET ADDRESS	14 ELDERBERRY COURT	
CITY - ST - ZIP	HOCKESSIN DE	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEAMY, MARK	
STREET ADDRESS	2801 CENTERVILLE RD	
CITY - ST - ZIP	WILMINGTON DE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RITBAART BLAISSE
6.3 STREET ADDRESS	536 CRANEBROOK RD.
6.4 CITY - ST - ZIP	WILMINGTON, DEL 19803

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 of this report with an address.

SIGNATURE: *[Signature]* VICE-PRES. FINANCE 2/21/97 302-996-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)