

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

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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 19850-2439

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

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

(Signature of registered agent or person authorized to file this statement if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCKUN, ROBERT J.	1.2 NAME	
STREET ADDRESS	116 MARLBROOKE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	1.4 CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRIONE, PAOLO	2.2 NAME	
STREET ADDRESS	715 PRINCETON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ELIZABETH R	3.2 NAME	
STREET ADDRESS	2801 CENTERVILLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, K. E.	4.2 NAME	
STREET ADDRESS	14 ELDERBERRY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOCKESSIN DE	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAMY, MARK	5.2 NAME	
STREET ADDRESS	2801 CENTERVILLE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V
STREET ADDRESS		6.3 STREET ADDRESS	RITBAART BLAISSE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	536 CRANEBROOK RD. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRES. FINANCE 2/2/97 302-996-6000

CR2E034 (9/96)