

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P01405 (0)

1. Corporation Name
OKI AMERICA, INC.



Principal Place of Business Mailing Address
THREE UNIVERSITY PLAZA HACKENSACK NJ 07601

3. Date Incorporated or Qualified 03/28/1984	3a. Date of Last Report 02/01/1995
4. FEI Number 22-2509171	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 Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. 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

Signature, typed or printed name of registered agent and D/R if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	IMAI, M
STREET ADDRESS	THREE UNIVERSITY PLAZA HACKENSACK NJ
CITY-ST-ZIP	HACKENSACK NJ
TITLE	S <input type="checkbox"/> DELETE
NAME	ZWICK, EDWARD F.
STREET ADDRESS	CROCKER PLAZA SUITE 801 BOCA RATON FL
CITY-ST-ZIP	BOCA RATON FL
TITLE	VTD <input type="checkbox"/> DELETE
NAME	BANNO, T
STREET ADDRESS	THREE UNIVERSITY PLAZA HACKENSACK NJ
CITY-ST-ZIP	HACKENSACK NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	FLANAGAN, DENNIS
STREET ADDRESS	THREE UNIVERSITY PLAZA HACKENSACK NJ
CITY-ST-ZIP	HACKENSACK NJ
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	YAMAZAKI, H.
STREET ADDRESS	THREE UNIVERSITY PLAZA HACKENSACK NJ
CITY-ST-ZIP	HACKENSACK NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	ARATANI, S
STREET ADDRESS	THREE UNIVERSITY PLAZA HACKENSACK NJ
CITY-ST-ZIP	HACKENSACK NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Takenori Hanasaki
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* 1-22-96 201-646-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)