

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

FILED  
Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P01405** (0)  
1. Corporation Name  
**OKI AMERICA, INC.**



Principal Place of Business <b>THREE UNIVERSITY PLAZA HACKENSACK NJ 07601</b>	Mailing Address <b>THREE UNIVERSITY PLAZA HACKENSACK NJ 07601-6208</b>
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3. Date Incorporated or Qualified <b>03/28/1984</b>	3a. Date of Last Report <b>01/31/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>22-2509171</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IMAI, M</b>	1.2 NAME	
STREET ADDRESS	<b>THREE UNIVERSITY PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HACKENSACK NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZWICK, EDWARD F.</b>	2.2 NAME	
STREET ADDRESS	<b>CROCKER PLAZA SUITE 801</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANNO, T</b>	3.2 NAME	
STREET ADDRESS	<b>THREE UNIVERSITY PLAZA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HACKENSACK NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLANAGAN, DENNIS</b>	4.2 NAME	
STREET ADDRESS	<b>THREE UNIVERSITY PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HACKENSACK NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANASAKI, TAKENORI</b>	5.2 NAME	<b>Director</b>
STREET ADDRESS	<b>THREE UNIVERSITY PLAZA</b>	5.3 STREET ADDRESS	<b>H. Misono</b>
CITY-ST-ZIP	<b>HACKENSACK NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARATANI, S</b>	6.2 NAME	
STREET ADDRESS	<b>THREE UNIVERSITY PLAZA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HACKENSACK NJ</b>	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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

2/7/97

Date

201-646-0011

Daytime Phone #

0002934

CR2E034 (9/96)