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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State	
DOCUMENT # P01405		RECEIVED JAN - 4 1999 OKI America, Inc. Finance Department	
1. Corporation Name OKI AMERICA, INC.			
Principal Place of Business THREE UNIVERSITY PLAZA HACKENSACK NJ 07601		Mailing Address THREE UNIVERSITY PLAZA HACKENSACK NJ 07601	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 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 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 C	NAME IMAI, M	1.1 TITLE HAJIME MAEDA	1.2 NAME HAJIME MAEDA
STREET ADDRESS THREE UNIVERSITY PLAZA	CITY-ST-ZIP HACKENSACK NJ	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE S	NAME ZWICK, EDWARD F.	2.1 TITLE	2.2 NAME
STREET ADDRESS CROCKER PLAZA SUITE 801	CITY-ST-ZIP BOCA RATON FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE EVP	NAME BANNO, T	3.1 TITLE	3.2 NAME
STREET ADDRESS THREE UNIVERSITY PLAZA	CITY-ST-ZIP HACKENSACK NJ	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME FLANAGAN, DENNIS	4.1 TITLE	4.2 NAME
STREET ADDRESS THREE UNIVERSITY PLAZA	CITY-ST-ZIP HACKENSACK NJ	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME H MISONO	5.1 TITLE	5.2 NAME
STREET ADDRESS THREE UNIVERSITY PLAZA	CITY-ST-ZIP HACKENSACK NJ	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME BABA HISAO	6.1 TITLE	6.2 NAME
STREET ADDRESS THREE UNIVERSITY PLAZA	CITY-ST-ZIP HACKENSACK NJ	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)