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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P07543** **(2)**

1. Corporation Name
OCE-USA, INC.

Principal Place of Business	Mailing Address
5450 N. CUMBERLAND AVE. CHICAGO IL 60656	5450 N. CUMBERLAND AVE. CHICAGO IL 60656-1484

3. Date Incorporated or Qualified: **09/25/1985**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **06-1070101** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	VSTC	☐ Change ☒ Addition
NAME	DIX, JOHANNES		1.2 NAME	DENNIS F. RIORDAN	
STREET ADDRESS	1122 N. CLARK		1.3 STREET ADDRESS	5450 N. CUMBERLAND AV,	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	CHICAGO IL 60656	
TITLE	D	☐ DELETE	2.1 TITLE	VICE PRES.	☐ Change ☒ Addition
NAME	HARDIE, JAMES H.		2.2 NAME	DANIEL KRZESINSKI	
STREET ADDRESS	430 OLD MILL RD		2.3 STREET ADDRESS	5450 N. CUMBERLAND	
CITY-ST-ZIP	PITTSBURGH PA		2.4 CITY-ST-ZIP	CHICAGO, IL 60656	
TITLE	VP	☒ DELETE	3.1 TITLE	VICE PRES.	☐ Change ☒ Addition
NAME	COHEN, HOWARD S.		3.2 NAME	JOSEPH MARCIANO	
STREET ADDRESS	5450 N. CUMBERLAND		3.3 STREET ADDRESS	5450 N. CUMBERLAND	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	CHICAGO, IL 60656	
TITLE	VP	☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MAYER, WILLIAM		4.2 NAME	BARRY L. MACLEAN	
STREET ADDRESS	2305 N. COMMONWEALTH		4.3 STREET ADDRESS	5450 N. CUMBERLAND	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	CHICAGO, IL 60656	
TITLE	VSTC	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DHARAMSHI, TAJDEEN		5.2 NAME	GIOVANNI B. FELIZZARI	
STREET ADDRESS	5450N. CUMBERLAND		5.3 STREET ADDRESS	PRINSES BEATRIXSTRAAT 28	
CITY-ST-ZIP	CHICAGO IL 60656		5.4 CITY-ST-ZIP	5911 BM VENLO NETHERLANDS	
TITLE	ASST SECRETARY	☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	RONALD W. LARSON		6.2 NAME	GERRIT KRAAIJEVELD	
STREET ADDRESS	5450 N. CUMBERLAND		6.3 STREET ADDRESS	LAVENDELWEG 16	
CITY-ST-ZIP	CHICAGO, IL 60656		6.4 CITY-ST-ZIP	5915 HN VENLO NETHERLANDS	

CR2E034 (9/96)

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: R.W. LARSON ASST SEC'Y 4/28/97