

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90001 014 \*\*\*150.00

**DOCUMENT # P07543**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1070101**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	KRZESINSKI, DANIEL	
STREET ADDRESS	5450 N CUMBERLAND	
CITY-ST-ZIP	CHICAGO IL 60656	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIORDAN, DENNIS	
STREET ADDRESS	5450 N CUMBERLAND	
CITY-ST-ZIP	CHICAGO IL 60656	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BABOYIAN, MAL	
STREET ADDRESS	5450 N CUMBERLAND	
CITY-ST-ZIP	CHICAGO IL 60656	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAYER, WILLIAM	
STREET ADDRESS	2305 N. COMMONWEALTH	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	PELIZZARI, GIOVANNI B	
STREET ADDRESS	5450 N CUMBERLAND AVE	
CITY-ST-ZIP	CHICAGO IL 60656	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LARSON, RONALD W.	
STREET ADDRESS	5450 N CUMBERLAND	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	vice president & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

773/714-4317

Daytime Phone #