

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90230 034 ***150.00

0600614

DOCUMENT # P07543	
1. Entity Name OCE-USA, INC.	
Principal Place of Business 5450 N. CUMBERLAND AVE. CHICAGO IL 60656	Mailing Address 5450 N. CUMBERLAND AVE. CHICAGO IL 60656
2. Principal Place of Business 8529 SOUTH PARK CIRCLE	3. Mailing Address
Suite, Apt. #, etc. 100	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State
Zip 32819	Country USA
4. FEI Number 06-1070101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP KRZESINSKI, DANIEL 5450 N CUMBERLAND CHICAGO IL 60656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP RIORDAN, DENNIS 5450 N CUMBERLAND CHICAGO IL 60656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, VICE PRESIDENT, DIRECTOR DENNIS RIORDAN 5450 N. CUMBERLAND AVE. CHICAGO IL 60656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP BABOYIAN, MAL 5450 N CUMBERLAND CHICAGO IL 60656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO, VICE PRESIDENT, DIRECTOR MALKON BABOYIAN 5450 N. CUMBERLAND AVE. CHICAGO IL 60656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PELIZZARI, GIOVANNI B 5450 N CUMBERLAND AVE CHICAGO IL 60656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, PRESIDENT, DIRECTOR GIOVANNI B. PELIZZARI 5450 N. CUMBERLAND AVE. CHICAGO IL 60656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LARSON, RONALD W. 5450 N CUMBERLAND CHICAGO IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY, ASST. TREASURER RONALD W. LARSON 5450 N. CUMBERLAND AVE. CHICAGO IL 60656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE: R.W. LARSON Date: 4/11/01 Daytime Phone #: 773-714-4312

CR2E034 (10/00)