

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90021 022 ***150.00

FORM 607 AT

DOCUMENT # P07543

1. Entity Name
OCE-USA, INC.

Principal Place of Business
8529 SOUTH PARK CIRCLE
100
ORLANDO FL 32819

Mailing Address
5450 N. CUMBERLAND AVE.
CHICAGO IL 60656
Attn: Tax Dept.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
06-1070101

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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, 2002 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 NAME Delete
CVPD RIORDAN, DENNIS
 STREET ADDRESS **5450 N CUMBERLAND**
 CITY-ST-ZIP **CHICAGO IL 60656**

TITLE NAME Change Addition
 STREET ADDRESS **5450 N Cumberland Ave**
 CITY-ST-ZIP

TITLE NAME Delete
CVPD BABOYIAN, MALKON
 STREET ADDRESS **5450 N CUMBERLAND**
 CITY-ST-ZIP **CHICAGO IL 60656**

TITLE NAME Change Addition
 STREET ADDRESS **5450 N Cumberland Ave**
 CITY-ST-ZIP

TITLE NAME Delete
CPD PELIZZARI, GIOVANNI B
 STREET ADDRESS **5450 N CUMBERLAND AVE**
 CITY-ST-ZIP **CHICAGO IL 60656**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
AS LARSON, RONALD W.
 STREET ADDRESS **5450 N CUMBERLAND**
 CITY-ST-ZIP **CHICAGO IL**

TITLE NAME Change Addition
Asst. Treasurer & Asst. Secretary
 STREET ADDRESS **5450 N Cumberland Ave**
 CITY-ST-ZIP **Chicago IL 60656**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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: **Ronald W. Larson** 4/22/02 773-714-4312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)