

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90407 046 ***150.00

DOCUMENT # P07543

1. Entity Name
OCE-USA, INC.



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

Mailing Address
**5450 N. CUMBERLAND AVE.
ATTN: TAX DEPT
CHICAGO IL 60656**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CVPD
RIORDAN, DENNIS
5450 N. CUMBERLAND AVE.
CHICAGO IL 60656** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President, CFO,
Treasurer, Director
Dennis F. Riordan
60656-1491** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President, CEO, Director
Malkon S. Baboyian
60656-1491** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Michael A. Scordino
5450 N. Cumberland Ave.
Chicago, IL 60656-1491** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATAS
LARSON, RONALD W.
5450 N. CUMBERLAND AVE.
CHICAGO IL 60656** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director, Chairman of the Board
Ronald E. Daly
5450 N. Cumberland Ave.
Chicago, IL 60656-1491** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director, Chairman of the Board
Ronald E. Daly
5450 N. Cumberland Ave.
Chicago, IL 60656-1491** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Michael A. Scordino
Michael A. Scordino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

773-714-4312

Daytime Phone #

CR2E034 (10/02)