SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P12015** **(4)**

1. Corporation Name
NEOPOST LEASING, INC.

Principal Place of Business	Mailing Address
30855 HUNTWOOD AVENUE HAYWARD CA 94544	30855 HUNTWOOD AVENUE HAYWARD CA 94544

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/04/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 94-2984524 ☐ 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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MAHLSTEDT, NEIL D	1.2 NAME	See attached listing for complete list of officers and directors.
STREET ADDRESS	944 SHORELINE ROAD LBS	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL	1.4 CITY-ST-ZIP	
TITLE	VPCS	2.1 TITLE	☐ Change ☐ Addition
NAME	DICKESON, STEPHEN M	2.2 NAME	
STREET ADDRESS	4425 GREENS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERMORE CA	2.4 CITY-ST-ZIP	
TITLE	VPFC	3.1 TITLE	☐ Change ☐ Addition
NAME	DICKESON, STEPHEN M	3.2 NAME	
STREET ADDRESS	4425 GREENS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERMORE CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MAHLSTEDT, NEIL D	4.2 NAME	
STREET ADDRESS	944 GREENS CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERMORE CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SARCY, CHRISTIAN	5.2 NAME	
STREET ADDRESS	113 RUE JEAN MARIN NAUDIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	92220 BAGNEUX FR	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Stephen M. Dickeson 6/29/95 (510) 489-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183609 FN