

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:36

DOCUMENT # P27512 (3)

1. Corporation Name
VIKING OFFICE PRODUCTS, INC.

Principal Place of Business Mailing Address
11777 CENTRAL PARKWAY JACKSONVILLE FL 32216 US
13809 SOUTH FIGUEROA ST. LOS ANGELES CA 90061

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/29/1989 3a. Date of Last Report 03/07/1994
4. FEI Number 95-2082946 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of Now 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

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

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD RICHMAN, H B DELETE
NAME	13809 S. FIGUEROA ST.
STREET ADDRESS	LOS ANGELES CA
CITY-ST-ZIP	
TITLE	V MUIR, MARK
NAME	13809 S. FIGUEROA ST.
STREET ADDRESS	LOS ANGELES CA
CITY-ST-ZIP	
TITLE	VS KROLL, STEPHEN R.
NAME	13809 S. FIGUEROA ST.
STREET ADDRESS	LOS ANGELES CA
CITY-ST-ZIP	
TITLE	AS BILLIG, LISA
NAME	13809 S. FIGUEROA ST.
STREET ADDRESS	LOS ANGELES CA
CITY-ST-ZIP	
TITLE	AS WIETHOFF, CHARLOTTE
NAME	13809 S. FIGUEROA ST.
STREET ADDRESS	LOS ANGELES CA
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P Irwin Helford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	13809 S. Figueroa Street
1.3 STREET ADDRESS	Los Angeles, CA 90061
1.4 CITY-ST-ZIP	
2.1 TITLE	VP Don Wilson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	13809 S. Figueroa Street
2.3 STREET ADDRESS	Los Angeles, CA 90061
2.4 CITY-ST-ZIP	
3.1 TITLE	VP Ron Weissman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	13809 S. Figueroa Street
3.3 STREET ADDRESS	Los Angeles, CA 90061
3.4 CITY-ST-ZIP	
4.1 TITLE	VP Bruce Nelson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	13809 S. Figueroa Street
4.3 STREET ADDRESS	Los Angeles, CA 90061
4.4 CITY-ST-ZIP	
5.1 TITLE	VP Mark Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	13809 S. Figueroa Street
5.3 STREET ADDRESS	Los Angeles, CA 90061
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 appointed 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 attached sheet with an address.

SIGNATURE: *Stephen R. Kroll*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

JAN 31 1995