

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P27512 (3)**  
 1. Corporation Name  
**VIKING OFFICE PRODUCTS, INC.**



Principal Place of Business <b>14425 DUVAL RD JACKSONVILLE FL 32218 US</b>	Mailing Address <b>P.O. BOX 61144 LOS ANGELES CA 90061</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/29/1989</b>	3a. Date of Last Report <b>07/08/1996</b>
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>95-2082946</b>	Applied For Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code <b>FL</b>
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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 <b>C</b>	NAME <b>HELFDOR, IRWIN</b>	1.1 TITLE	<b>VP</b>
STREET ADDRESS <b>879 W 190 ST</b>	CITY-ST-ZIP <b>GARDENA CA 90248</b>	1.2 NAME	<b>Frank R. Jarc</b>
		1.3 STREET ADDRESS	<b>879 W 190 St.</b>
		1.4 CITY-ST-ZIP	<b>Gardena, CA 90248</b>
TITLE <b>VP</b>	NAME <b>BILLIG, LISA</b>	2.1 TITLE	<b>VP</b>
STREET ADDRESS <b>879 W 190 ST</b>	CITY-ST-ZIP <b>GARDENA CA 90248</b>	2.2 NAME	<b>Stephen R. Kroll</b>
		2.3 STREET ADDRESS	<b>879 W 190 St.</b>
		2.4 CITY-ST-ZIP	<b>Gardena, CA 90248</b>
TITLE <b>VP</b>	NAME <b>WEISSMAN, RON</b>	3.1 TITLE	<b>VP</b>
STREET ADDRESS <b>879 W 190 ST</b>	CITY-ST-ZIP <b>GARDENA CA 90248</b>	3.2 NAME	<b>Graham Cundick</b>
		3.3 STREET ADDRESS	<b>879 W 190th St.</b>
		3.4 CITY-ST-ZIP	<b>Gardena, CA. 90248</b>
TITLE <b>P</b>	NAME <b>NELSON, BRUCE</b>	4.1 TITLE	
STREET ADDRESS <b>879 W 190 ST</b>	CITY-ST-ZIP <b>GARDENA CA 90248</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>VP</b>	NAME <b>BROWN, MARK</b>	5.1 TITLE	
STREET ADDRESS <b>13809 S. FIGUEROA ST.</b>	CITY-ST-ZIP <b>LOS ANGELES CA</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	NAME <b>MUIR, MARK</b>	6.1 TITLE	
STREET ADDRESS <b>879 W 190 ST</b>	CITY-ST-ZIP <b>GARDENA CA 90248</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 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:** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)