

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27512** (3)  
1. Corporation Name  
**VIKING OFFICE PRODUCTS, INC.**



Principal Place of Business  
**14425 DUVAL RD  
JACKSONVILLE FL 32218  
US**

Mailing Address  
**P.O. BOX 61144  
LOS ANGELES CA 90061**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/29/1989</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>95-2082946</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<b>C</b>
NAME	<b>HELFORD, IRWIN</b>	1.2 NAME	<b>HELFORD, IRWIN</b>
STREET ADDRESS	<b>879 W 190 ST</b>	1.3 STREET ADDRESS	<b>950 W. 190TH STREET</b>
CITY - ST - ZIP	<b>GARDENA CA 90248</b>	1.4 CITY - ST - ZIP	<b>TORRANCE, CA 90502</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>VP</b>
NAME	<b>BILLIG, LISA</b>	2.2 NAME	<b>WIEHOF, CHARLOTTE</b>
STREET ADDRESS	<b>879 W 190 ST</b>	2.3 STREET ADDRESS	<b>950 W. 190TH STREET</b>
CITY - ST - ZIP	<b>GARDENA CA 90248</b>	2.4 CITY - ST - ZIP	<b>TORRANCE, CA 90502</b>
TITLE	<b>VP</b>	3.1 TITLE	<b>VP</b>
NAME	<b>WEISSMAN, RON</b>	3.2 NAME	<b>WEISSMAN, RON</b>
STREET ADDRESS	<b>879 W 190 ST</b>	3.3 STREET ADDRESS	<b>950 W. 190TH STREET</b>
CITY - ST - ZIP	<b>GARDENA CA</b>	3.4 CITY - ST - ZIP	<b>TORRANCE, CA 90502</b>
TITLE	<b>P</b>	4.1 TITLE	<b>P</b>
NAME	<b>NELSON, BRUCE</b>	4.2 NAME	<b>NELSON, BRUCE</b>
STREET ADDRESS	<b>879 W 190 ST</b>	4.3 STREET ADDRESS	<b>950 W. 190TH STREET</b>
CITY - ST - ZIP	<b>GARDENA CA 90248</b>	4.4 CITY - ST - ZIP	<b>TORRANCE, CA 90502</b>
TITLE	<b>VP</b>	5.1 TITLE	<b>VP</b>
NAME	<b>BROWN, MARK</b>	5.2 NAME	<b>BROWN, MARK</b>
STREET ADDRESS	<b>13808 S. FIGUEROA ST.</b>	5.3 STREET ADDRESS	<b>950 W. 190TH STREET</b>
CITY - ST - ZIP	<b>LOS ANGELES CA</b>	5.4 CITY - ST - ZIP	<b>TORRANCE, CA 90502</b>
TITLE	<b>VP</b>	6.1 TITLE	<b>VP</b>
NAME	<b>MUIR, MARK</b>	6.2 NAME	<b>MUIR, MARK</b>
STREET ADDRESS	<b>879 W 190 ST</b>	6.3 STREET ADDRESS	<b>950 W. 190TH STREET</b>
CITY - ST - ZIP	<b>GARDENA CA 90248</b>	6.4 CITY - ST - ZIP	<b>TORRANCE, CA 90502</b>

14. 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 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:



**CHARLOTTE WIEHOFF 4/10/98 (310) 225-4500**

CR2E034 (10/97)