Mar-03-99 03:26P

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

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Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90118 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27512

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

3. Date Incorporated or Qualified
12/29/1989

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 owes the current year Intangible Personal Property Tax — Yes / No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

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 607.150(8), 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

12. OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	HELFORD, IRWIN	
STREET ADDRESS	950 W 190TH STREET	
CITY-ST-ZIP	TORRANCE CA 90502	
TITLE	VP	DELETE
NAME	~~WISTHOFF~~, CHARLOTTE Weithoff	
STREET ADDRESS	950 W 190TH STREET	
CITY-ST-ZIP	TORRANCE CA 90502	
TITLE	VP	X DELETE
NAME	WEISSMAN, RON	
STREET ADDRESS	950 W 190TH STREET	
CITY-ST-ZIP	TORRANCE CA 90502	
TITLE	P	DELETE
NAME	NELSON, BRUCE	
STREET ADDRESS	950 W 190TH STREET	
CITY-ST-ZIP	TORRANCE CA 90502	
TITLE	VP	X DELETE
NAME	BROWN, MARK	
STREET ADDRESS	950 W 190TH STREET	
CITY-ST-ZIP	TORRANCE CA 90502	
TITLE	VP	X DELETE
NAME	MUIR, MARK	
STREET ADDRESS	950 W 190TH STREET	
CITY-ST-ZIP	TORRANCE CA 90502	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Cyndi Hench — 3-1-99 — 310 225 1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

21182