

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90235 027 \*\*\*150.00

**DOCUMENT # P27512**

1. Entity Name  
VIKING OFFICE PRODUCTS, INC.



Principal Place of Business  
2925 W CORPORATE LAKES BLVD  
WESTON, FL 33331 US

Mailing Address  
950 W 190TH STREET  
TORRANCE, CA 90502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

95-2082946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **D** ☒ Delete  
NAME: **HELDFORD, IRWIN**  
STREET ADDRESS: **950 W 190TH ST**  
CITY-ST-ZIP: **TORRANCE, CA 90502**

TITLE: **PCEO** ☐ Delete  
NAME: **NELSON, BRUCE**  
STREET ADDRESS: **2200 OLD GERMANTOWN ROAD**  
CITY-ST-ZIP: **DELRAY BEACH, FL 33445**

TITLE: **EVPD** ☐ Delete  
NAME: **FANIN, DAVID**  
STREET ADDRESS: **2200 OLD GERMANTOWN ROAD**  
CITY-ST-ZIP: **DELRAY BEACH, FL 33445**

TITLE: **VPTD** ☐ Delete  
NAME: **CLARKE, CAROLYN**  
STREET ADDRESS: **2200 OLD GERMANTOWN ROAD**  
CITY-ST-ZIP: **DELRAY BEACH, FL 33445**

TITLE: **SRVP** ☐ Delete  
NAME: **CASHMAN, ANNE**  
STREET ADDRESS: **950 WEST 190TH STREET**  
CITY-ST-ZIP: **TORRANCE, CA 90502**

TITLE: **SRVP** ☒ Delete  
NAME: **ALLEN, JEFFREY**  
STREET ADDRESS: **2200 OLD GERMANTOWN ROAD**  
CITY-ST-ZIP: **DELRAY BEACH, FL 33445**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **SVPT** ☐ Change ☐ Addition  
NAME: **JEFFREY A. AIKEN**  
STREET ADDRESS: **2200 OLD GERMANTOWN ROAD**  
CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Jeffrey Aiken Sr., V.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/04**  
Date

Daytime Phone #