

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35061 (1)

1. Corporation Name

SCITEX AMERICA CORP.



Principal Place of Business

8 OAK PARK DRIVE
BEDFORD MA 01730

Mailing Address

8 OAK PARK DRIVE
BEDFORD MA 01730

3. Date Incorporated or Qualified
08/12/1991

3a. Date of Last Report
03/09/1995

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

4. FEI Number
13-2783089

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

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 not applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME CARLISLE, GEORGE M
STREET ADDRESS 8 OAK PARK DR.
CITY-ST-ZIP BEDFORD MA

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Shuman Alan
1.3 STREET ADDRESS 8 Oak Park Drive
1.4 CITY-ST-ZIP Bedford MA 01730

TITLE VPF ☐ DELETE
NAME ROGERS, SUZANNE E
STREET ADDRESS 8 OAK PARK DR.
CITY-ST-ZIP BEDFORD MA

2.1 TITLE T ☐ Change ☒ Addition
2.2 NAME John Creary
2.3 STREET ADDRESS 8 Oak Park Drive
2.4 CITY-ST-ZIP Bedford, MA 01730

TITLE D ☐ DELETE
NAME ASHER, WILLIAM B JR.
STREET ADDRESS 8 OAK PARK DR.
CITY-ST-ZIP BEDFORD MA

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Gloria B. Tan
3.3 STREET ADDRESS Hamada Street, P.O. Box 330
3.4 CITY-ST-ZIP 46103 Herzlia B, Israel N/A

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME Raymond P. Wilson
4.3 STREET ADDRESS 8 Oak Park Drive
4.4 CITY-ST-ZIP Bedford, MA 01730

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 119.07(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 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:

Suzanne E. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne E. Rogers 4/23/96 617-275-5150
Date Daytime Phone #

CR2E034 (12/95)