

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07543

FILED
Apr 22, 2009
Secretary of State

Entity Name: OCE NORTH AMERICA, INC.

Current Principal Place of Business:

100 OAKVIEW DR.
TRUMBULL, CT 06611

New Principal Place of Business:

100 OAKVIEW DRIVE
TRUMBULL, CT 06611

Current Mailing Address:

100 OAKVIEW DR.
TRUMBULL, CT 06611

New Mailing Address:

100 OAKVIEW DRIVE
TRUMBULL, CT 06611

FEI Number: 06-1070101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVC () Delete
Name: VANDONINCK, ERIC E
Address: 100 OAKVIEW DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: D () Delete
Name: BABOYIAN, MALKON S
Address: 5600 BROKEN SOUND BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: S () Delete
Name: DANIEL, HART P
Address: 100 OAKVIEW DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: DPC () Delete
Name: SKRZYPCZAK, JOSEPH D
Address: 100 OAKVIEW DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: AT () Delete
Name: CACACE, MARIO
Address: 100 OAKVIEW DRIVE
City-St-Zip: TRUMBULL, CT 06611

Title: D () Delete
Name: CHAPUIS, PATRICK
Address: 5450 N CUMBERLAND AVE
City-St-Zip: CHICAGO, IL 606561469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO CACACE

AT

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date