

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P07543 (2)**  
1. Corporation Name  
**OCE-USA, INC.**



Principal Place of Business: **5450 N. CUMBERLAND AVE. CHICAGO IL 60656**  
Mailing Address: **5450 N. CUMBERLAND AVE. CHICAGO IL 60656**

3. Date Incorporated or Qualified: **09/25/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FLI Number: **06-1070101**  
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

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  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporal on 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>DP</b>	
NAME	<b>DIX, JOHANNES</b>	
STREET ADDRESS	<b>1122 N. CLARK</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>D</b>	
NAME	<b>HARDIE, JAMES H.</b>	
STREET ADDRESS	<b>430 OLD MILL RD</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>VP</b>	
NAME	<b>COHEN, HOWARD S.</b>	
STREET ADDRESS	<b>5450 N. CUMBERLAND</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>VP</b>	
NAME	<b>MAYER, WILLIAM</b>	
STREET ADDRESS	<b>2305 N. COMMONWEALTH</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>VSTC</b>	
NAME	<b>DHARAMSHI, TAJDEEN</b>	
STREET ADDRESS	<b>5450 N. CUMBERLAND</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60656</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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: **T. Dharamshi** *4/29/96* **312 714 4486**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)