

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 60656-1484



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

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

3. Date Incorporated or Qualified: 09/25/1985  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 06-1070101  
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  
**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 607.1508, 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 \_\_\_\_\_ (NOTE: If registered agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	VSTC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS F. RIORDAN	
1.3 STREET ADDRESS	5450 N. CUMBERLAND AV,	
1.4 CITY-ST-ZIP	CHICAGO IL 60656	
2.1 TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANIEL KRZESINSKI	
2.3 STREET ADDRESS	5450 N. CUMBERLAND	
2.4 CITY-ST-ZIP	CHICAGO, IL 60656	
3.1 TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH MARCIANO	
3.3 STREET ADDRESS	5450 N. CUMBERLAND	
3.4 CITY-ST-ZIP	CHICAGO, IL 60656	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARRY L. MALLERN	
4.3 STREET ADDRESS	5450 N. CUMBERLAND	
4.4 CITY-ST-ZIP	CHICAGO, IL 60656	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GIOVANNI B. PELIZZARI	
5.3 STREET ADDRESS	PRINSES BEATRIXSTRAAT 28	
5.4 CITY-ST-ZIP	5911 BA VENLO NETHERLANDS	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GERRIT KRAAIJEVELD	
6.3 STREET ADDRESS	LAUENDELWEG 16	
6.4 CITY-ST-ZIP	5915 HN VENLO NETHERLANDS	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)