

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION. ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1985	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 06-1070101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.0502 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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	VICE PRES
NAME	DIX, JOHANNES	1.2 NAME	DANIEL KRZESINSKI
STREET ADDRESS	1122 N. CLARK	1.3 STREET ADDRESS	5450 N. CUMBERLAND
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	CHICAGO IL 60656
TITLE	D	2.1 TITLE	DIRECTOR
NAME	HARDIE, JAMES H.	2.2 NAME	BARRY L. MACLEAN
STREET ADDRESS	430 OLD MILL RD	2.3 STREET ADDRESS	5450 N. CUMBERLAND
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	CHICAGO IL 60656
TITLE	VP	3.1 TITLE	DIRECTOR
NAME	MARCIANO, JOSEPH	3.2 NAME	GERRIT KRAAIJVELD
STREET ADDRESS	5420 N CUMBERLAND	3.3 STREET ADDRESS	LAVEN DELWEG-16
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	5915 HN VENLO NETHERLANDS
TITLE	VP	4.1 TITLE	
NAME	MAYER, WILLIAM	4.2 NAME	
STREET ADDRESS	2305 N. COMMONWEALTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	CEO + DIRECTOR
NAME	PELIZZARI, GIOVANNI B	5.2 NAME	GIOVANNI PELIZZARI
STREET ADDRESS	PRINSES BEATRIXSTRAAT 28	5.3 STREET ADDRESS	5450 N. CUMBERLAND AVE
CITY-ST-ZIP	VENLO NE	5.4 CITY-ST-ZIP	CHICAGO IL 60656
TITLE	AS	6.1 TITLE	SECRETARY + TREASURER
NAME	LARSON, RONALD W.	6.2 NAME	DENNIS RIORDAN
STREET ADDRESS	5450 N CUMBERLAND	6.3 STREET ADDRESS	5450 N CUMBERLAND AVE
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	CHICAGO IL 60656

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *R.W. Larson* **R.W. LARSON, ASST. SECY 4/2/98**

CR2E034 (10/97)