

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90021 022 \*\*\*150.00

FORM 607 AT

**DOCUMENT # P07543**

1. Entity Name  
**OCE-USA, INC.**

Principal Place of Business  
**8529 SOUTH PARK CIRCLE  
 100  
 ORLANDO FL 32819**

Mailing Address  
**5450 N. CUMBERLAND AVE.  
 CHICAGO IL 60656  
 Attn: Tax Dept.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**06-1070101**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**CVPD RIORDAN, DENNIS**  
 STREET ADDRESS **5450 N CUMBERLAND**  
 CITY-ST-ZIP **CHICAGO IL 60656**

TITLE NAME  Change  Addition  
 STREET ADDRESS **5450 N Cumberland Ave**  
 CITY-ST-ZIP

TITLE NAME  Delete  
**CVPD BABOYIAN, MALKON**  
 STREET ADDRESS **5450 N CUMBERLAND**  
 CITY-ST-ZIP **CHICAGO IL 60656**

TITLE NAME  Change  Addition  
 STREET ADDRESS **5450 N Cumberland Ave**  
 CITY-ST-ZIP

TITLE NAME  Delete  
**CPD PELIZZARI, GIOVANNI B**  
 STREET ADDRESS **5450 N CUMBERLAND AVE**  
 CITY-ST-ZIP **CHICAGO IL 60656**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**AS LARSON, RONALD W.**  
 STREET ADDRESS **5450 N CUMBERLAND**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE NAME  Change  Addition  
**Asst. Treasurer & Asst. Secretary**  
 STREET ADDRESS **5450 N Cumberland Ave**  
 CITY-ST-ZIP **Chicago IL 60656**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald W. Larson** 4/22/02 773-714-4312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)