

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL -7 AM 9:45

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P12015 (4)**  
 1: Corporation Name  
**NEOPOST LEASING, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **30855 HUNTWOOD AVENUE HAYWARD CA 94544**  
 Mailing Address: **30855 HUNTWOOD AVENUE HAYWARD CA 94544**

3. Date Incorporated or Qualified: **11/04/1986**      3a. Date of Last Report: **05/01/1994**  
 4. FEI Number: **94-2884524**      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**      2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**  
 City & State: **23**      City & State: **28**  
 Zip: **24**      Country: **25**      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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHLSTEDT, NEIL D</b>	1.2 NAME	<b>See attached listing for complete list of officers and directors.</b>
STREET ADDRESS	<b>944 SHORELINE ROAD LBS</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BARRINGTON IL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VPCS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKESON, STEPHEN M</b>	2.2 NAME	
STREET ADDRESS	<b>4425 GREENS COURT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LIVERMORE CA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPFC</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKESON, STEPHEN M</b>	3.2 NAME	
STREET ADDRESS	<b>4425 GREENS COURT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LIVERMORE CA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHLSTEDT, NEIL D</b>	4.2 NAME	
STREET ADDRESS	<b>944 GREENS CT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LIVERMORE CA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARCY, CHRISTIAN</b>	5.2 NAME	
STREET ADDRESS	<b>113 RUE JEAN MARIN NAUDIN</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>92220 BAGNEUX FR</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 the 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: **Stephen M. Dickeson**      6/29/95      (510) 489-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (3/95)