

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **30955 HUNTWOOD AVENUE HAYWARD CA 94544**  
Mailing Address: **30955 HUNTWOOD AVENUE HAYWARD CA 94544**

3. Date Incorporated or Qualified: **11/04/1986**  
3a. Date of Last Report: **07/07/1995**  
4. FEI Number: **94-2984524**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. Zip Country  
30. Zip Country

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 607.0002 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 607.050, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MAHLSTEDT, NEIL D</b>	
STREET ADDRESS	<b>944 SHORELINE ROAD LBS</b>	
CITY-ST-ZIP	<b>BARRINGTON IL</b>	
TITLE	<b>VPCS</b>	<input type="checkbox"/> DELETE
NAME	<b>DICKESON, STEPHEN M</b>	
STREET ADDRESS	<b>4425 GREENS COURT</b>	
CITY-ST-ZIP	<b>LIVERMORE CA</b>	
TITLE	<b>VPFC</b>	<input type="checkbox"/> DELETE
NAME	<b>DICKESON, STEPHEN M</b>	
STREET ADDRESS	<b>4425 GREENS COURT</b>	
CITY-ST-ZIP	<b>LIVERMORE CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAHLSTEDT, NEIL D</b>	
STREET ADDRESS	<b>944 GREENS CT</b>	
CITY-ST-ZIP	<b>LIVERMORE CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SARCY, CHRISTIAN</b>	
STREET ADDRESS	<b>113 RUE JEAN MARIN NAUDIN</b>	
CITY-ST-ZIP	<b>92220 BAGNEUX FR</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>SEE ATTACHED LISTING FOR COMPLETE LIST OF OFFICERS AND DIRECTORS.</b>
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(b), 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 officer.

SIGNATURE: **STEPHEN M. DICKESON** 3/12/96 (510) 489-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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Neopost Leasing, Inc.  
Officers and Directors

**Officers**

Neil D. Mahlstedt  
President

**Home Address**

944 Shoreline Road LBS  
Barrington, IL 60010

**Date Taking Office**

August 14, 1991

Stephen M. Dickeson  
Vice President, Finance  
Corporate Secretary

4425 Greens Court  
Livermore, CA 94550

July 20, 1992

**Directors**

Neil D. Mahlstedt

**Home Address**

944 Shoreline Road  
Barrington, IL 60010

**Date Taking Office**

August 14, 1991

Stephen M. Dickeson

4425 Greens Court  
Livermore, CA 94550

July 20, 1992

NEOPOST, SA-  
represented by  
Mr. Christian Sarcy

113 rue Jean Marin Naudin  
92220, Bagneux, France

April 2, 1992

Fonds-Partenaire Gestion  
represented by  
Mr. Eric Licoys

113 rue Jean Marin Naudin  
92220, Bagneux, France

April 2, 1992