


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90081 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12015

1. Corporation Name
NEOPOST LEASING, INC.

Principal Place of Business 30955 HUNTWOOD AVENUE HAYWARD CA 94544	Mailing Address 30955 HUNTWOOD AVENUE HAYWARD CA 94544
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/04/1986	
4. FEI Number 94-2984524	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** *1-20-99* *510-475-3559*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

2900 50 10001-7)
P12015

Neopost Leasing, Inc.
FEIN: 94-2984524

Officers and Directors
as of 06/05/98

Officers

Address

Date Taking Office

Neil D. Mahlstedt
President

30955 Huntwood Av
Hayward, CA 94544

August 12, 1991

Stephen M. Dickeson
Vice President Finance
Corporate Secretary

30955 Huntwood Av
Hayward, CA 94544

July 20, 1992

Directors

Address

Date Taking Office

Neil D. Mahlstedt

30955 Huntwood Av
Hayward, CA 94544

August 14, 1991

Stephen M. Dickeson

30955 Huntwood Av
Hayward, CA 94544

July 20, 1992