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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTIOF STATE Sandrå B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

	OCUN Corporation	MENT	# P2606	7 (	9)							
., ,	•		ICHISE SYSTEMS,	INC.	·							
											<b>IE</b> II <b>a</b> ian i	
Principal Place of Business Mailing Address												
ATTEN: LEGAL DEPT				ATTEN: LEGAL DEPT								
339 JEFFERSON RD PARSIPPANY NJ 07054				339 JEFFERSON RD PARSIPPANY NJ 07054								
							3	<ol> <li>Date Incorporated or Qualified 09/20/1989</li> </ol>	3a. Date of			
<b>2</b> , F	Principa! Pla	ace of Busin	ess	2a. Mailing Address				1. FEI Number	1 00/1	01/199 	pplied For	
21			26				22-2993446			ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			E	i. Certificate of Status Desired			Additional		
22	City & State			City & State					Election Composin Engaging			equired
23	on, a otale			28				'	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>			May Be to Fees
	Žip		Country	Zip		Country	'	8	3. This corporation has liability for			
24		Q Name	25 and Address of Current	29 Registered Agent	30	·····			Florida Statutes Yes  Name and Address of New F			
						B1	Name		, Nume and Address of New P	egistoreu Age		
THE PRENTICE HALL CORP SYSTEM 1201 HAYS ST						82	Ctront	Addross (	P.O. Box Number is Not Acceptab	lo)	·····	
							Street	Address	.O. DOX NUMBER IS NOT ACCEPTAGE	nen		
	SUITE 1					83						
TALLAHASSEE FL 32301					84	City			F. 8	<b>5</b> Zip	Code	
11	Pursuant to	o the provisi	one of Sections 607 0502 a	and 607 1508. Florida	Statutes the	abovo i	named co	ornoration	submits this statement for the pu	FL	- ita ra	aistavad affica
	or registere	ed agent, or	both, in the State of Florida pt the obligations of, Sectio	ı. Such change was al	uthor <b>ize</b> d by 1	the corp	oration's	board of	directors. Thereby accept the app	ointment as reg	istered a	igent. Lam
	NATURE	., 2.10 0000	printe obligations of books	11 (271,0000), 1101ldd C	anaro <b>o</b> ,							
12.		Signature typed	or printed name of registered agent ar OFFICERS AND			stered Ager <b>13</b> .	t signature re	equired when	···	DATE		0.00
1171.6		P	OF FIGURE AND	DELET		1. 1 TITLE		ſ	ADDITIONS/CHANGES TO OFF		hange	Addition
NAME		•	INTE, STEVEN			1.2 NAME					no. go	
STHER	ET ADDRESS		DEN CORNER WAY			1.3 STREET	ADDRESS					
CITY-	- \$1 - <i>1</i> /P	RANDO	)LPH NJ			1.4 C/TY-5	ST-ZIP					
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TITLE		S	NV APARAIPA	DELE I	1	3 1 TITLE					hange	Addition
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	מוכ דים	DIDGE					T ADDRESS					
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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)(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 call; that I am an officer or director of the cap poration 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:

SCOTT FORBES (201) 428-9700 Daylore Fixed 6

CR2E034 (12/95)