

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000002643

FILED
Oct 20, 2009
Secretary of State

Entity Name: BELMARK LABEL INC.

Current Principal Place of Business:

600 HERITAGE ROAD
DEPERE, WI 54115

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5310
DEPERE, WI 54115

New Mailing Address:

FEI Number: 39-1283237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, KARL
7310 BRIGHTWATER OAKS DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

SCHMIDT, KARL
7650 CITRUS BLOSSOM DR
LAND O' LAKES, FL 34637 US

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: KARL SCHMIDT

10/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SCHMIDT, KARL
Address: 600 HERITAGE ROAD
City-St-Zip: DEPERE, WI 54115

Title: CF () Delete
Name: BELL, BRUCE A
Address: 600 HERITAGE ROAD
City-St-Zip: DEPERE, WI 54115

Title: V () Delete
Name: BELL, CAROL H
Address: 600 HERITAGE ROAD
City-St-Zip: DEPERE, WI 54115

Title: S () Delete
Name: PLUMMER, WILLIAM W
Address: 600 HERITAGE ROAD
City-St-Zip: DEPERE, WI 54115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL SCHMIDT

PRES

10/20/2009

Electronic Signature of Signing Officer or Director

Date