

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002643

FILED  
Jan 04, 2011  
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 A  
7650 CITRUS BLOSSOM DR  
LAND O' LAKES, FL 34637 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KARL A. SCHMIDT

PCEO

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date