

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT-CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC 10 PM 2:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # F97000004473
 1. Corporation Name
 BELL & HOWELL COPE COMPANY

Principal Place of Business: 2425 E. MEDINA RD. TUCSON AZ 85715-7337
 Mailing Address: 5215 OLD ORCHARD RD SKOKIE IL 60077 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		36-4157337		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property.			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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: *Barbara A. Burke* SPECIAL ASSISTANT SECRETARY DATE: 12-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD JOHANSSON, NILS A 1112 MEADOWBROOK LANE DEERFIELD IL 60015	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	PD DERING, MICHAEL 3599 MACDONALD CIRCLE RICHFIELD OH 44286	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	V LIEBERMAN, STUART T 835 BERMUDA DUNES PLACE NORTHBROOK IL 60062	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	V DONAHUE, PATRICK 313 HARVEST ROW COURT CARY NC 27513	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	T O'SHEA, KEVIN 123 NOTH MYRTLE ELMHURST IL 60126	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE	SD SALIT, GARY S 154 WILLOW AVE. DEERFIELD IL 60015	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

REINSTATEMENT 99 178

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: *[Signature]* DATE: 9/29/99 DAYTIME PHONE #: (847) 470-7100

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CR2E034 (5/99)

BELL & HOWELL COPE COMPANY
FEIN: 36-4157337
LIST OF OFFICERS

6/25/98

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<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>SOCIAL SECURITY #</u>
MICHAEL DERING 4401 SILICON DR. BLDG 675 DURHAM, NC 27709	PRESIDENT & DIRECTOR	219-54-8220
THOMAS CHADWICK 4401 SILICON DR. BLDG 675 DURHAM, NC 27709	VICE PRESIDENT & CFO	109-46-8976
NILS A. JOHANSSON 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	VICE PRESIDENT & DIRECTOR	344-56-3261
STUART LIEBERMAN 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	VICE PRESIDENT	350-42-2429
PATRICK DONAHUE 4401 SILICON DR. BLDG 675 DURHAM, NC 27709	VICE PRESIDENT	045-34-6149
RONALD NABORS 4401 SILICON DR. BLDG 675 DURHAM, NC 27709	VICE PRESIDENT	404-62-9003
JEFFREY QUADE 4401 SILICON DR. BLDG 675 DURHAM, NC 27709	VICE PRESIDENT	396-62-5253
VACANT	VICE PRESIDENT & TREASURER	
GARY SALIT 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	SECRETARY & DIRECTOR	058-36-8408
MICHAEL WILHELM 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	ASST. TREASURER	342-40-0636
EDMUND J. CAULFIELD 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	ASST. SECRETARY & ASST. TREASURER	342-30-9340