

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:50

DOCUMENT # P19839 (0)

1. Corporation Name
BELL & HOWELL DOCUMENT MANAGEMENT PRODUCTS COMPA NY

Principal Place of Business Mailing Address
5215 OLD ORCHARD ROAD SKOKIE IL 60077-8076

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/27/1988** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

4. FEI Number **36-3580101** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 **FL** 85 Zip Code

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

(Signature) (Printed name) (Printed name) (Printed name)

(Signature) (Printed name) (Printed name) (Printed name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TANNENBERG, DIETER E.A.
STREET ADDRESS 6800 MCCORMICK ROAD
CITY-ST-ZIP CHICAGO IL

1.1 TITLE P
1.2 NAME PATTERSON, RAYMOND D.
1.3 STREET ADDRESS 6800 MCCORMICK ROAD
1.4 CITY-ST-ZIP CHICAGO, IL Change Addition

TITLE SD
NAME SALIT, GARY S.
STREET ADDRESS 5215 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE IL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE VD
NAME JOHANSSON, NILS A.
STREET ADDRESS 5215 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE IL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE AST
NAME CAULFIELD, EDMUND J.
STREET ADDRESS 5215 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE IL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE VP
NAME MASON, THOMAS M
STREET ADDRESS 6800 N. MCCORMICK RD.
CITY-ST-ZIP CHICAGO IL

5.1 TITLE D
5.2 NAME AUSTIN, RICHARD S.
5.3 STREET ADDRESS BELL & HOWELL COMPANY
5.4 CITY-ST-ZIP LONDON, ENGLAND Change Addition

TITLE T
NAME GRAVER, PATRICK J
STREET ADDRESS 5215 OLD ORCHARD RD
CITY-ST-ZIP SKOKIE IL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is correct, only learned and true and qualify for the exemption stated in Sections 110.07(3)(b), 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: *E. J. Caulfield*

E. J. CAULFIELD

Asst. Sec. & Asst. Treasurer 1/30/95

(706) 470-7100