

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19839 (0)**
1. Corporation Name
BELL & HOWELL DOCUMENT MANAGEMENT PRODUCTS COMPAN
NY



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

3. Date Incorporated or Qualified: **06/27/1988**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **36-3580101**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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: 81-84

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 agent 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: PATTERSON, RAYMOND D. STREET ADDRESS: 6800 MCCORMICK ROAD CITY-ST-ZIP: CHICAGO IL	1.1 TITLE: P	NAME: ROEMER, JAMES P. STREET ADDRESS: 5215 OLD ORCHARD ROAD CITY-ST-ZIP: SKOKIE, IL 60077
TITLE: SD	NAME: SALIT, GARY S. STREET ADDRESS: 5215 OLD ORCHARD ROAD CITY-ST-ZIP: SKOKIE IL	2.1 TITLE:	NAME:
TITLE: VD	NAME: JOHANSSON, NILS A. STREET ADDRESS: 5215 OLD ORCHARD ROAD CITY-ST-ZIP: SKOKIE IL	3.1 TITLE:	NAME:
TITLE: AST	NAME: CAULFIELD, EDMUND J. STREET ADDRESS: 5215 OLD ORCHARD ROAD CITY-ST-ZIP: SKOKIE IL	4.1 TITLE:	NAME:
TITLE: VP	NAME: MASON, THOMAS M. STREET ADDRESS: 6800 N. MCCORMICK RD. CITY-ST-ZIP: CHICAGO IL	5.1 TITLE:	NAME:
TITLE: T	NAME: GRAVER, PATRICK J. STREET ADDRESS: 5215 OLD ORCHARD RD CITY-ST-ZIP: SKOKIE IL	6.1 TITLE: T	NAME: O'SHEA, KEVIN STREET ADDRESS: 5215 OLD ORCHARD ROAD CITY-ST-ZIP: SKOKIE, IL 60077

14. 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 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]* **E. J. CAULFIELD** 4/22/96 (847) 470-7100

CR2E034 (12/95)