

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19839 (0)

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



Principal Place of Business 5215 OLD ORCHARD ROAD SKOKIE IL 60077-6076	Mailing Address 5215 OLD ORCHARD ROAD SKOKIE IL 60077-1035
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3. Date Incorporated or Qualified 06/27/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3580101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ROEMER, JAMES P.	1.2 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	SKOKIE IL	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SALIT, GARY S.	2.2 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	SKOKIE IL	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD JOHANSSON, NILS A.	3.2 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	SKOKIE IL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AST CAULFIELD, EDMUND J.	4.2 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	SKOKIE IL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MASON, THOMAS M	5.2 NAME	LIEBERMAN, STUART
STREET ADDRESS	6800 N. MCCORMICK RD.	5.3 STREET ADDRESS	5215 OLD ORCHARD ROAD
CITY- ST- ZIP	CHICAGO IL	5.4 CITY- ST- ZIP	SKOKIE, IL 60077
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T O'SHEA, KEVIN	6.2 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	6.3 STREET ADDRESS	
CITY- ST- ZIP	SKOKIE IL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **Asst. Sec. & Asst. Treasurer** **4/24/97** **847 470 7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)