


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 113 WEST PINCKNEY STREET MADISON FL 32340	Mailing Address 113 WEST PINCKNEY STREET MADISON FL 32340
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	5215 OLD ORCHARD ROAD	06/27/1988	
22	City & State	27	SKOKIE, IL	4. FEI Number	
23	Zip	28	60077	36-3580101	
24	Country	29		Applied For	
25		30		Not Applicable	
24		25		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23		24		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
22		23		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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
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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	AST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, THOMAS M	5.2 NAME	
STREET ADDRESS	6800 N MCCORMICK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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 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: _____

CR2E034 (5/98)