

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

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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P19839

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



Principal Place of Business: 113 WEST PINCKNEY STREET MADISON FL 32340
 Mailing Address: 5215 OLD ORCHARD RD SKOKIE IL 60077 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1988
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 6800 McCormick Road 22 Suite, Apt. #, etc. 23 City & State: Lincolnwood, IL 24 Zip: 60645 25 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 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 restating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ROEMER, JAMES P. <input type="checkbox"/> DELETE	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 SALIT, GARY S. <input type="checkbox"/> DELETE	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 JOHANSSON, NILS A. <input type="checkbox"/> DELETE	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 CAULFIELD, EDMUND J. <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: _____ DATE: 4/27/99 DAYTIME PHONE #: _____

CR2E034 (11/98)