

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

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**Jun 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**

DOCUMENT # P21559 (0)
1. Corporation Name
IMPACT LABEL CORPORATION



Principal Place of Business: **3434 SOUTH BURDICK STREET KALAMAZOO MI 49001-4836**
Mailing Address: **3434 SOUTH BURDICK STREET KALAMAZOO MI 49001-4836**

3. Date Incorporated or Qualified: **10/31/1988**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **38-1746654**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAPALARDO, DANA
462 WEST BUFFALO STREET
TAMPA FL 33614**

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 in 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: *W. Fogleson* DATE: **2-19-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOGLESON, WILLIAM G.	
STREET ADDRESS	3434 S BURDICK STREET	
CITY-ST-ZIP	KALAMAZOO MI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BONTEKOE, WILLIAM G.	
STREET ADDRESS	7064 VERDE VISTA DR	
CITY-ST-ZIP	ROCKFORD, MI	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SIEGFRIED, PHILIP B.	
STREET ADDRESS	246 E. KILGORE	
CITY-ST-ZIP	KALAMAZOO MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD SIEGFRIED, PHILIP B.
3.3 STREET ADDRESS	4040 LAKE FOREST LANE
3.4 CITY-ST-ZIP	KALAMAZOO, MI
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in 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 its registered office; I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or not changed, in the address).

SIGNATURE: *W. Fogleson* SIGNATURE REQUIRED DATE: **5-28-97** DAYTIME PHONE #: **(616) 3114250**

CR2E034 (9/96)