


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P21559 1. Entity Name IMPACT LABEL CORPORATION	
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Principal Place of Business 3434 SOUTH BURDICK STREET KALAMAZOO, MI 49001-4836	Mailing Address 3434 SOUTH BURDICK STREET KALAMAZOO, MI 49001-4836
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**DO NOT WRITE IN THIS SPACE**



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1746654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PAPALARDO, DANA  
462 WEST BUFFALO STREET  
TAMPA, FL 33614

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOGLESON, WILLIAM G. 3434 S BURDICK STREET KALAMAZOO, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONTEKOE, WILLIAM G. 7064 VERDE VISTA DR ROCKFORD, MI,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIEGFRIED, PHILIP B. 4040 LAKE FOREST LANE KALAMAZOO, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000118274  
04/19/04-80053-009 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Fogleson 4/15/04 (269) 381-4280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM G. FOGLESON, PRESIDENT