


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P21559
 1. Entity 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
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02112006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
**PAPALARDO, DANA
 462 WEST BUFFALO STREET
 TAMPA, FL 33614**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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. 1752 WOODSIDE TRAIL NW GRAND RAPIDS, MI 49504
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	

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 04/29/06-80009-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 W. Fogleson William G. Fogleson 4/13-06 (269) 381-4280

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