

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31046 (6)**

1. Corporation Name

FELLOWES MANUFACTURING COMPANY



Principal Place of Business

Mailing Address

1789 NORWOOD AVE
ITASCA IL 60143

1789 NORWOOD AVE
ITASCA IL 60143

3. Date Incorporated or Qualified 09/25/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 36-0770670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 officer 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

Signature, typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required for documenting

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD FELLOWES, JOHN E. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLOWES, JOHN E.	1.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	1.4 CITY-ST-ZIP	
TITLE	PD FELLOWES, JAMES E. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLOWES, JAMES E.	2.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	2.4 CITY-ST-ZIP	
TITLE	VSD FELLOWES, PETER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLOWES, PETER	3.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	3.4 CITY-ST-ZIP	
TITLE	VT ELDER, DOUGLAS P. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, DOUGLAS P.	4.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	4.4 CITY-ST-ZIP	
TITLE	V SMITH, JOHN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN	5.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	5.4 CITY-ST-ZIP	
TITLE	V COMPAGNO, ROBERT L <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPAGNO, ROBERT L	6.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

708-893-600

Date

Da, Time Phone #

CR2E034 (12/95)