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**Feb 25 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 # P31046 (6)

1. Corporation Name
FELLOWES MANUFACTURING COMPANY



Principal Place of Business: **1789 NORWOOD AVE ITASCA IL 60143**
Mailing Address: **1789 NORWOOD AVE ITASCA IL 60143-1059**

3. Date Incorporated or Qualified: **09/25/1990**
3a. Date of Last Report: **04/29/1996**
4. FEI Number: **36-0770670**
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** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip **25** Country

2a. Mailing Address: **26** Suite, Apt. #, etc.
27 City & State
28 Zip **29** Country

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FELLOWES, JOHN E.	
STREET ADDRESS	1789 NORWOOD AVE.	
CITY-ST-ZIP	ITASCA IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FELLOWES, JAMES E.	
STREET ADDRESS	1789 NORWOOD AVE.	
CITY-ST-ZIP	ITASCA IL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FELLOWES, PETER	
STREET ADDRESS	1789 NORWOOD AVE.	
CITY-ST-ZIP	ITASCA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN	
STREET ADDRESS	1789 NORWOOD AVE	
CITY-ST-ZIP	ITASCA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COMPAGNO, ROBERT L	
STREET ADDRESS	1789 NORWOOD AVE.	
CITY-ST-ZIP	ITASCA IL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	V/T KOCH, JOSEPH T.
6.3 STREET ADDRESS	1789 NORWOOD AVE
6.4 CITY-ST-ZIP	ITASCA IL

14. I do 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 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.

SIGNATURE: *[Signature]* **JOSEPH T KOCH** 2-15-97 (630)893-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)