

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

FILED

**Feb 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/25/1990	
4. FEI Number 36-0770670	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	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	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	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	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN	4.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPAGNO, ROBERT L	5.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, JOSEPH T.	6.2 NAME	
STREET ADDRESS	1789 NORWOOD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	6.4 CITY-ST-ZIP	

14. 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 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 _____ DATE **2-6-98** (430)893-1600

CR2E034 (10/97)