2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31046

Entity Name: FELLOWES, INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:			New Pr	New Principal Place of Business:		
1789 NORWOOD AVE ITASCA, IL 60143				1789 NORWOOD AVE ITASCA, IL 60143 US		
Current Mailing Address:			New M	New Mailing Address:		
1789 NORWOOD AVE ITASCA, IL 60143			1789 NORWOOD AVE ITASCA, IL 60143 US			
FEI Number:	36-0770670	FEI Number Applied For ()	FEI Number Not A	Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name a	and Address of New Registered Agent:		
1200 S. PIN PLANTATIO		AD US	pose of changir	ging its registered office or registered agent, or both,		
SIGNATUR						
01011/11011		c Signature of Registered Agent	<u> </u>	 Date		
Election Cam		Trust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITI	TIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	S () CARSON, STEVI 1789 NORWOOI ITASCA, IL 6014	D AVE.	Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	CD () FELLOWES, JAI 1789 NORWOOI ITASCA, IL 6014	D AVE.	Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	D () KOCH, JOSEPH 1789 NORWOOI ITASCA, IL 6014	D AVE.	Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	P () FELLOWES, JAI 1789 NORWOOI ITASCA, IL 6014	MES D AVE	Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	V () COMPAGNO, RO 1789 NORWOOI ITASCA, IL 6014	D AVE.	Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	V () KOCH, JOSEPH 1789 NORWOOI ITASCA, IL 6014	D AVE	Title: Name: Address: City-St-Zi			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE CARSON S 02/25/2009