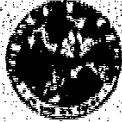


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **847351** (4)

1. Corporation Name
BMI KARTRIDGPAK CO.

Principal Place of Business Mailing Address

807 WEST KIMBERLY ROAD DAVENPORT IA 52806-5706

807 WEST KIMBERLY ROAD DAVENPORT IA 52806-5706

APPROVED AND FILED

95 MAY -1 AM 9:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/29/1980	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		36-2236243	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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			
				84	City	FL	85

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 _____
Signatures, 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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, STEWART M.	1.2 NAME	
STREET ADDRESS	ALTRINCHAM, WA14 SEW	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHESHIRE, ENGLAND	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOULDERS, BARRY W.	2.2 NAME	
STREET ADDRESS	807 W KIMBERLY RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT IA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, MICHAEL G.	3.2 NAME	
STREET ADDRESS	ALTRINCHAM WA14 SEW	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHESHIRE, ENGLAND	3.4 CITY - ST - ZIP	
TITLE	DC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, BRIAN F.	4.2 NAME	
STREET ADDRESS	ALTRINCHAM WA14 SEW	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHESHIRE, ENGLAND	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEWLEY, LINDA L.	5.2 NAME	
STREET ADDRESS	807 W. KIMBERLY ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT IA	5.4 CITY - ST - ZIP	
TITLE	SY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACK, KIM P	6.2 NAME	
STREET ADDRESS	807 W. KIMBERLY ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT IA	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)(b), 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; 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 of this Change Form on an individual with an address.

SIGNATURE: *Barry W. Shoulders* 4-28-95 (319)391-1100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #