

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 # **P03870** (3)

1. Corporation Name

**DUPLEX PRODUCTS INC.**



Principal Place of Business

Mailing Address

**1947 BETHANY RD  
P.O. BOX 1947  
SYCAMORE IL 60178**

**1947 BETHANY RD  
P.O. BOX 1947  
SYCAMORE IL 60178**

3. Date Incorporated or Qualified  
**10/29/1984**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**36-2109817**

Applied For

Not Applicable

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCSWINEY, BENJAMIN L  
STREET ADDRESS 1947 BETHANY RD  
CITY-ST-ZIP SYCAMORE IL ☒ DELETE

1.1 TITLE P  
1.2 NAME Andrew A. Campbell  
1.3 STREET ADDRESS 1947 Bethany Road  
1.4 CITY-ST-ZIP Sycamore, IL 60178 ☐ Change ☒ Addition

TITLE D  
NAME ESKRA, DAVID J  
STREET ADDRESS 1947 BETHANY ROAD  
CITY-ST-ZIP SYCAMORE IL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME GLAWE, GERALD L  
STREET ADDRESS 1947 BETHANY ROAD  
CITY-ST-ZIP SYCAMORE IL ☒ DELETE

3.1 TITLE S  
3.2 NAME Mark A. Robinson  
3.3 STREET ADDRESS 1947 Bethany Road  
3.4 CITY-ST-ZIP Sycamore, IL 60178 ☐ Change ☒ Addition

TITLE VP  
NAME CAMPBELL, ANDREW A.  
STREET ADDRESS 1947 BETHANY ROAD  
CITY-ST-ZIP SYCAMORE IL ☐ DELETE

4.1 TITLE VP Finance  
4.2 NAME James R. Ramig  
4.3 STREET ADDRESS 1947 Bethany Road  
4.4 CITY-ST-ZIP Sycamore, IL 60178 ☐ Change ☒ Addition

TITLE VPO  
NAME LOOMER, MARC  
STREET ADDRESS 1947 BETHANY ROAD  
CITY-ST-ZIP SYCAMORE IL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME WILSON, MICHAEL E  
STREET ADDRESS 1947 BETHANY ROAD  
CITY-ST-ZIP SYCAMORE IL ☒ DELETE

6.1 TITLE AT  
6.2 NAME Gary P. Lindgren  
6.3 STREET ADDRESS 1947 Bethany Road  
6.4 CITY-ST-ZIP Sycamore, IL 60178 ☐ Change ☒ Addition

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.17.96 815-895-2401

CR2E034 (12/95)