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**Mar 28 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 # 847351 (4)

1. Corporation Name
BWI KARTRIDGPAK CO.



Principal Place of Business: **807 WEST KIMBERLY ROAD DAVENPORT IA 52806-5706**

Mailing Address: **807 WEST KIMBERLY ROAD DAVENPORT IA 52806-5706**

3. Date Incorporated or Qualified: **10/29/1980**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **36-2236243**

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 (21-24)

2a. Mailing Address (25-28)

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	D	<input type="checkbox"/> DELETE
NAME	BROWN, STEWART M.	
STREET ADDRESS	ALTRINCHAM, WA14 5EW	
CITY-ST-ZIP	CHESHIRE, ENGLAND	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOULDERS, BARRY W.	
STREET ADDRESS	807 W KIMBERLY RD	
CITY-ST-ZIP	DAVENPORT IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHTON, MICHAEL G.	
STREET ADDRESS	ALTRINCHAM WA14 5EW	
CITY-ST-ZIP	CHESHIRE, ENGLAND	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	LAURENCE S. NOWAK	
STREET ADDRESS	807 W. KIMBERLY ROAD	
CITY-ST-ZIP	DAVENPORT IA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VOVOS, LINDA L.	
STREET ADDRESS	807 W. KIMBERLY ROAD	
CITY-ST-ZIP	DAVENPORT IA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TACK, KIM P	
STREET ADDRESS	807 W. KIMBERLY ROAD	
CITY-ST-ZIP	DAVENPORT IA	

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 checked="" type="checkbox"/> Addition
4.2 NAME	Financial Director Suzanne G. Zeitler
4.3 STREET ADDRESS	807 West Kimberly Road
4.4 CITY-ST-ZIP	Davenport, IA 52806
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Suzanne G. Zeitler* **Suzanne G. Zeitler** **March 19, 1997** **319-391-1100**

(NOTE: Registered Agent signature required when reinstating) DATE: _____

CR2E034 (9/96)