

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 847351 (4)**

1. Corporation Name  
**BWI KARTRIDGPAK CO.**

Principal Place of Business <b>807 WEST KIMBERLY ROAD                  DAVENPORT IA 52806-5706</b>	Mailing Address <b>807 WEST KIMBERLY ROAD                  DAVENPORT IA 52806-5706</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/29/1980</b>	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
4. FEI Number <b>36-2236243</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
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  
**BWI KartridgPak Co.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**c/o BWI Inex, Inc.**

83  
**13327 U.S. 19 North**

84 City  
**Clearwater** **FL** 85 Zip Code  
**34624**

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 *Suzanne G. Zeitler* **Suzanne G. Zeitler, Secretary/Treasurer** **4-24-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Director &amp; Chairman of Bd</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROWN, STEWART M.</b>		1.2 NAME <b>Jameson, Barry</b>	
STREET ADDRESS <b>ALTRINCHAM, WA14 5EW</b>		1.3 STREET ADDRESS <b>Altrincham, WA 14 5EW</b>	
CITY-ST-ZIP <b>CHESHIRE, ENGLAND</b>		1.4 CITY-ST-ZIP <b>Cheshire, England</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Vice Pres-Operations</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHOULDERS, BARRY W.</b>		2.2 NAME <b>Bloome, James</b>	
STREET ADDRESS <b>807 W KIMBERLY RD</b>		2.3 STREET ADDRESS <b>807 W. Kimberly Rd.</b>	
CITY-ST-ZIP <b>DAVENPORT IA</b>		2.4 CITY-ST-ZIP <b>Davenport, IA 52806</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Vice Pres-Marketing &amp; Sales</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ASHTON, MICHAEL G.</b>		3.2 NAME <b>Long, Glen</b>	
STREET ADDRESS <b>ALTRINCHAM WA14 5EW</b>		3.3 STREET ADDRESS <b>807 W. Kimberly Rd.</b>	
CITY-ST-ZIP <b>CHESHIRE, ENGLAND</b>		3.4 CITY-ST-ZIP <b>Davenport, IA 52806</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>Director, President &amp; CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZEITLER, SUZANNE G</b>		4.2 NAME <b>Shoulders, Barry W.</b>	
STREET ADDRESS <b>807 W KIMBERLY RD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>DAVENPORT IA</b>		4.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Secretary/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VOVOS, LINDA L.</b>		5.2 NAME <b>Zeitler, Suzanne G.</b>	
STREET ADDRESS <b>807 W. KIMBERLY ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>DAVENPORT IA</b>		5.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TACK, KIM P</b>		6.2 NAME	
STREET ADDRESS <b>807 W. KIMBERLY ROAD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>DAVENPORT IA</b>		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, on an attachment with an address

SIGNATURE *Suzanne G. Zeitler* **Suzanne G. Zeitler** **4-24-98** **319-391-1100**

CR2E034 (10/97)