

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P31046

**Entity Name:** FELLOWES, INC.

**Current Principal Place of Business:**

1789 NORWOOD AVE.  
ITASCA, IL 60143

**Current Mailing Address:**

1789 NORWOOD AVE.  
ITASCA, IL 60143 US

**FEI Number:** 36-0770670

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FELLOWES, JOHN E.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

Title            DIRECTOR  
Name            KOCH, JOSEPH T.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

Title            DIRECTOR  
Name            FELLOWES, PETER A.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

Title            DIRECTOR  
Name            FELLOWES, MARY C.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

Title            DIRECTOR  
Name            FELLOWES, JOHN E.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

Title            DIRECTOR  
Name            FELLOWES, JAMES E.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

Title            VP  
Name            CARSON, STEVEN L.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

Title            CEO  
Name            FELLOWES, JOHN E.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

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*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN L. CARSON

**SECRETARY**

**05/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           POWERS, PATRICK A.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143

Title           SECRETARY  
Name           CARSON, STEVEN L.  
Address        1789 NORWOOD AVE.  
City-State-Zip: ITASCA IL 60143