

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **346910** (3)

1. Corporation Name  
**BPL 1989, INC.**

Principal Place of Business	Mailing Address
<b>1/ GROS-ITE INDUSTRIES 1790 NEW BRITAIN AVENUE FARMINGTON CT 06032</b>	<b>1/ GROS-ITE INDUSTRIES 1790 NEW BRITAIN AVENUE FARMINGTON CT 06032</b>

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/27/1969</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1260422</b>	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**PRENTICE HALL CORPORATION SYSTEM, INC.  
FIRST FLORIDA BANK BUILDING  
SUITE 420  
TALLAHASSEE FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLIN, ROBERT E.	1.2 NAME	
STREET ADDRESS	1000 N. WATER ST, ST2100	1.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI	1.4 CITY- ST- ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINK, DANIEL J.	2.2 NAME	
STREET ADDRESS	1000 N WATER ST, ST 2100	2.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(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 if changed, in or an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95