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FILED

May 12 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 # 805891

(9)

1. Corporation Name

MOORE BUSINESS FORMS, INC.

Principal Place of Business

275 NORTH FIELD DRIVE
LAKE FOREST IL 60045

Mailing Address

275 NORTH FIELD DRIVE
LAKE FOREST IL 60045-2579



3. Date Incorporated or Qualified

02/08/1945

3a. Date of Last Report

02/14/1996

4. FEI Number

16-0331690

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILSON, J.M.	
STREET ADDRESS	68 FISHLEIGH DRIVE	
CITY - ST - ZIP	SCARBOROUGH, ON M1N 1H5	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KHETRAPAL, S	
STREET ADDRESS	75 SIR WILLIAMS LANE	
CITY - ST - ZIP	ISLINGTON, ON M9A 1V2	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	EVANS, C.J.	
STREET ADDRESS	235 BELSIZE DRIVE	
CITY - ST - ZIP	TORONTO, ON M4S 1M3	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUBBARD, G.M.	
STREET ADDRESS	720 VALLEY ROAD	
CITY - ST - ZIP	LAKE FOREST IL 60065	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BRAUN, R	
STREET ADDRESS	101 PEMBROKE DRIVE	
CITY - ST - ZIP	LAKE FOREST IL 60045	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	HOLINSKI, S.A.	
STREET ADDRESS	1237 BIRCHVIEW DR	
CITY - ST - ZIP	MISSISSAUGA ON	

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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:

David C. Foyke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. FOYKE ASST. SECRETARY 4/24/97 847 615-6252

Date Day:me Ft one #

CR2E034 (9/96)