

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 835137 (1)

1. Corporation Name

GENERAL BINDING CORPORATION

Principal Place of Business

ONE GBC PLAZA
NORTHBROOK IL 60062

Mailing Address

ONE GBC PLAZA
NORTHBROOK IL 60062



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

10/03/1975

3a. Date of Last Report

05/01/1995

4. FEI Number

36-0887470

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

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 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Officer or Director of the Corporation

Signature of New Agent (if applicable)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1	TITLE	1	TITLE
NAME	S RUBIN, STEVE	2	NAME
STREET ADDRESS	1 GBC PLAZA	3	STREET ADDRESS
CITY, STATE, ZIP	NORTH BROOK IL	4	CITY, STATE, ZIP
1	TITLE	2	TITLE
NAME	D ROTHWELL, W.R.	2	NAME
STREET ADDRESS	ONE GBC PLAZA	3	STREET ADDRESS
CITY, STATE, ZIP	NORTH BROOK IL	4	CITY, STATE, ZIP
1	TITLE	3	TITLE
NAME	VPC	3	NAME
STREET ADDRESS	MCNULTY, EDWARD J.	4	STREET ADDRESS
CITY, STATE, ZIP	1 GBC PLAZA	5	CITY, STATE, ZIP
1	TITLE	4	TITLE
NAME	P	4	NAME
STREET ADDRESS	GOU, REDDY	5	STREET ADDRESS
CITY, STATE, ZIP	1 GBC PLAZA	6	CITY, STATE, ZIP
1	TITLE	5	TITLE
NAME	VP	5	NAME
STREET ADDRESS	LAPORTE, J. J.	6	STREET ADDRESS
CITY, STATE, ZIP	1 GBC PLAZA	7	CITY, STATE, ZIP
1	TITLE	6	TITLE
NAME	NORTHBROOK IL	6	NAME
STREET ADDRESS		7	STREET ADDRESS
CITY, STATE, ZIP		8	CITY, STATE, ZIP

1	TITLE	1	TITLE
2	NAME	2	NAME
3	STREET ADDRESS	3	STREET ADDRESS
4	CITY, STATE, ZIP	4	CITY, STATE, ZIP
5	TITLE	5	TITLE
6	NAME	6	NAME
7	STREET ADDRESS	7	STREET ADDRESS
8	CITY, STATE, ZIP	8	CITY, STATE, ZIP
9	TITLE	9	TITLE
10	NAME	10	NAME
11	STREET ADDRESS	11	STREET ADDRESS
12	CITY, STATE, ZIP	12	CITY, STATE, ZIP

Govi REDDY

14. I 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)(g), 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 owner 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 in an attachment, or an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 847-291-5384

CR2E034 (12/95)