

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842328 (7)
1. Corporation Name
BIC PEN CORPORATION

Principal Place of Business
500 BIC DRIVE
MILFORD CT 06460

Mailing Address
500 BIC DRIVE
MILFORD CT 06460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1979	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 06-0735597	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT WHELAN, MICHAEL P. 500 BIC DRIVE MILFORD CT	1.1 TITLE	Senior Vice President-Sales and Marketing
NAME		1.2 NAME	Rick McEttrick
STREET ADDRESS		1.3 STREET ADDRESS	500 BIC Drive, Milford, CT 06460
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD BICH, BRUNO 500 BIC DRIVE MILFORD, CT 06000	2.1 TITLE	V-General Manager BIC Graphics
NAME		2.2 NAME	Jack Teague
STREET ADDRESS		2.3 STREET ADDRESS	14221 Meyer Lake Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clearwater, FL 34629
TITLE	V D'ADDARIO, AL 500 BIC DRIVE MILFORD CT	3.1 TITLE	V-Research & Development
NAME		3.2 NAME	James M. McDonough
STREET ADDRESS		3.3 STREET ADDRESS	500 BIC Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Milford, CT 06460
TITLE	D TREUILLE, ANTOINE G. 787 FIFTH AVE. NEW YORK NY	4.1 TITLE	V-Manufacturing
NAME		4.2 NAME	Dick Williams
STREET ADDRESS		4.3 STREET ADDRESS	500 BIC Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Milford, CT 06460
TITLE	VS KELLEHER, THOMAS M 500 BIC DRIVE MILFORD CT	5.1 TITLE	Assistant Secretary
NAME		5.2 NAME	Cheryl A. DuBois
STREET ADDRESS		5.3 STREET ADDRESS	500 BIC Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Milford, CT 06460
TITLE	PD WINTER, RAYMOND F. 500 BIC DRIVE MILFORD CT	6.1 TITLE	D
NAME		6.2 NAME	Alexander Alexiades
STREET ADDRESS		6.3 STREET ADDRESS	500 BIC Drive, Milford, CT 06460
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: Thomas M. Kelleher, President-Administration

04/29/98

203-783-2000

CR2E034 (10/97)