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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

847351

(4)

DOCUMENT #

1. Corporation Name BWI KARTRIDGPAK CO.

Principal Place of Business Mailing Address							
807 WEST KIMBERLY ROAD 807 WEST KIMBERLY ROAD DAVENPORT IA 52906-5706 DAVENPORT IA 52906-5706							
DAVENPORT I	A 52806-5706	DAVENPONT IN SECON	-3700			3. Date Incorporated or Qualified 3a. D	ate of Last Report
						10/29/1980	05/01/1995
		To Malling Addrson				4. FEI Number	Applied For
2. Principal Plac	be of Business	2a. Mailing Address				36-2236243	Not Applicable
21 Suite Ant #	oto	Suite, Apt. #, etc.	Suite Ant # etc				\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	Fee Required
City & State City & State				-		6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for intangible	
24	25	29	30	,		Florida Statutes Yes No	
	9. Name and Address of Currer	t Registered Agent		041	Mana	10. Name and Address of New Register	ed Agent
ı				61	Name		
CT CORPORATION SYSTEM				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
1200 S.	PINE ISLAND ROAD						
PLANTA"	TION FL 33324			83			
				84	City	£	85 Zip Code
					L	rporation submits this statement for the purpose of board of directors. I hereby accept the appointmen	shapping its registered office
SIGNATURE 3	Signature, typed or printed name of registered agen	t and title if applicable (NID DIRECTORS	OTE: Registere	d Ager	nt signature re	quired when reinstating: DAT ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D					Chairman of Board & CEO	☐ Change 🙀 Addition
NAME	BROWN, STEWART M.		1.2 N	<b>IAME</b>		Laurance S. Nowak	
STREET ADORESS	ALTRINCHAM, WA14 5EW		1.3 \$	TREE	I ADDRESS	807 W. Kimberly Road	
CITY-ST-ZIP	CHESHIRE, ENGLAND		1.4 0	OTY-S	ST-ZIP	Davenport, IA 52806	
TITLE	PD	☐ DELETE	2.1	TITLE		Financial Controller	Change 💢 Addition
NAME	SHOULDERS, BARRY W.		231	IAME		Suzanne G. Zeitler	
STHEET ADDRESS	807 W KIMBERLY RD		2.3 9	STREE	T ADDRESS	807 W. Kimberly Road	
CITY - ST - ZIP	DAVENPORT IA				ST - ZIP	Davenport, IA 52806	Change Addition
TITLE	D	DELETE		TITLE			☐ One go ☐ Adonton
NAME	ASHTON, MICHAEL G.			NAME			
STREET ADDRESS	ALTRINCHAM WA14 5EW				T ADDRESS		
CITY-ST-ZIP	CHESHIRE, ENGLAND	<b>XX</b> DELETE		CITY -: TITLE	ST-ZIP		Charge Addition
THILE	DC	₹¥ncreit.		MAME			
NAME	HOLMAN, BRIAN F.				1 ADDRESS		
STREET ADDRESS	ALTRINCHAM WA14 5EW				ST-ZIP		
C-TY-ST-Z-P	CHESHIRE, ENGLAND	( ) DELETE		TILE			Change Addition
TILLE	AS Bewley, Linda L.	C		NAME		Vovos, Linda L.	
NAME CXECULA ADORESIC	807 W. KIMBERLY ROAD				T ADDRESS		
STREET ADDRESS	DAVENPORT IA		1		ST - ZIP		
CITY+ST-7IP T-TLE	ST	DELETE		TITLE			Change Addition
NAME	TACK, KIM P	_	62	NAME			
STREET ADDRESS	807 W. KIMBERLY ROAD		6.3	STREE	ET ADDRESS		
CITY-\$1-ZIP	DAVENPORT IA				ST-ZIP		
1 0111131-211							

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, or on an attachment with an address. (319) 391-1100

SIGNATURE:

Suzanne G. Zeitler

Date 4-26-96

Daytime Etione #