

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **847351** (4)
1. Corporation Name
BWI KARTRIDGPAK CO.



Principal Place of Business: **807 WEST KIMBERLY ROAD DAVENPORT IA 52806-5706**
Mailing Address: **807 WEST KIMBERLY ROAD DAVENPORT IA 52806-5706**

3. Date Incorporated or Qualified: **10/29/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-2236243**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BROWN, STEWART M.	
STREET ADDRESS: ALTRINCHAM, WA14 5EW	
CITY-ST-ZIP: CHESHIRE, ENGLAND	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: SHOULDERS, BARRY W.	
STREET ADDRESS: 807 W KIMBERLY RD	
CITY-ST-ZIP: DAVENPORT IA	
TITLE: D	<input type="checkbox"/> DELETE
NAME: ASHTON, MICHAEL G.	
STREET ADDRESS: ALTRINCHAM WA14 5EW	
CITY-ST-ZIP: CHESHIRE, ENGLAND	
TITLE: DC	<input checked="" type="checkbox"/> DELETE
NAME: HOLMAN, BRIAN F.	
STREET ADDRESS: ALTRINCHAM WA14 5EW	
CITY-ST-ZIP: CHESHIRE, ENGLAND	
TITLE: AS	<input type="checkbox"/> DELETE
NAME: BEWLEY, LINDA L.	
STREET ADDRESS: 807 W. KIMBERLY ROAD	
CITY-ST-ZIP: DAVENPORT IA	
TITLE: ST	<input type="checkbox"/> DELETE
NAME: TACK, KIM P	
STREET ADDRESS: 807 W. KIMBERLY ROAD	
CITY-ST-ZIP: DAVENPORT IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: Chairman of Board & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Laurance S. Nowak	
1.3 STREET ADDRESS: 807 W. Kimberly Road	
1.4 CITY-ST-ZIP: Davenport, IA 52806	
2.1 TITLE: Financial Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Suzanne G. Zeitler	
2.3 STREET ADDRESS: 807 W. Kimberly Road	
2.4 CITY-ST-ZIP: Davenport, IA 52806	
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: Vovos, Linda L.	<input checked="" 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 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.

SIGNATURE: *Suzanne G. Zeitler* **Suzanne G. Zeitler** (319) 391-1100
Date: **4-26-96** Daytime Phone #

CR2E034 (12/95)