

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

**FILED**

**Mar 28 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 # 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: **05/01/1996**

4. FEI Number: **36-2236243**

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 (21-24)

2a. Mailing Address (25-28)

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 (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BROWN, STEWART M.</b>		1.2 NAME: _____	
STREET ADDRESS: <b>ALTRINCHAM, WA14 5EW</b>		1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>CHESHIRE, ENGLAND</b>		1.4 CITY-ST-ZIP: _____	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SHOULDERS, BARRY W.</b>		2.2 NAME: _____	
STREET ADDRESS: <b>807 W KIMBERLY RD</b>		2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>DAVENPORT IA</b>		2.4 CITY-ST-ZIP: _____	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ASHTON, MICHAEL G.</b>		3.2 NAME: _____	
STREET ADDRESS: <b>ALTRINCHAM WA14 5EW</b>		3.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>CHESHIRE, ENGLAND</b>		3.4 CITY-ST-ZIP: _____	
TITLE: <b>CEO</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <b>Financial Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>LAURENCE S. NOWAK</b>		4.2 NAME: <b>Suzanne G. Zeitler</b>	
STREET ADDRESS: <b>807 W. KIMBERLY ROAD</b>		4.3 STREET ADDRESS: <b>807 West Kimberly Road</b>	
CITY-ST-ZIP: <b>DAVENPORT IA</b>		4.4 CITY-ST-ZIP: <b>Davenport, IA 52806</b>	
TITLE: <b>AS</b>	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VOVOS, LINDA L.</b>		5.2 NAME: _____	
STREET ADDRESS: <b>807 W. KIMBERLY ROAD</b>		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>DAVENPORT IA</b>		5.4 CITY-ST-ZIP: _____	
TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TACK, KIM P</b>		6.2 NAME: _____	
STREET ADDRESS: <b>807 W. KIMBERLY ROAD</b>		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>DAVENPORT IA</b>		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: *Suzanne G. Zeitler* **Suzanne G. Zeitler** **March 19, 1997** **319-391-1100**

(NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

CR2E034 (9/96)