

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

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Apr 29 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 # 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1980	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 36-2236243		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
BWI KartridgPak Co.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o BWI Inex, Inc.
83 13327 U.S. 19 North
84 City
Clearwater FL 85 Zip Code
34624

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 *Suzanne G. Zeitler* Suzanne G. Zeitler, Secretary/Treasurer 4-24-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director & Chairman of Bd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, STEWART M.	1.2 NAME	Jameson, Barry
STREET ADDRESS	ALTRINCHAM, WA14 5EW	1.3 STREET ADDRESS	Altrincham, WA 14 5EW
CITY-ST-ZIP	CHESHIRE, ENGLAND	1.4 CITY-ST-ZIP	Cheshire, England
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Vice Pres-Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOULDERS, BARRY W.	2.2 NAME	Bloome, James
STREET ADDRESS	807 W KIMBERLY RD	2.3 STREET ADDRESS	807 W. Kimberly Rd.
CITY-ST-ZIP	DAVENPORT IA	2.4 CITY-ST-ZIP	Davenport, IA 52806
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Vice Pres-Marketing & Sales <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHTON, MICHAEL G.	3.2 NAME	Long, Glen
STREET ADDRESS	ALTRINCHAM WA14 5EW	3.3 STREET ADDRESS	807 W. Kimberly Rd.
CITY-ST-ZIP	CHESHIRE, ENGLAND	3.4 CITY-ST-ZIP	Davenport, IA 52806
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	Director, President & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEITLER, SUZANNE G	4.2 NAME	Shoulders, Barry W.
STREET ADDRESS	807 W KIMBERLY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT IA	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOVOS, LINDA L.	5.2 NAME	Zeitler, Suzanne G.
STREET ADDRESS	807 W. KIMBERLY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT IA	5.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	TACK, KIM P	6.2 NAME	
STREET ADDRESS	807 W. KIMBERLY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT IA	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 *Suzanne G. Zeitler* Suzanne G. Zeitler 4-24-98 319-391-1100

CR2E034 (10/97)