

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
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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.	22 City & State	23 Zip	24 Country	25	26
4. FEI Number 36-2236243		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
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) DATE

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

SIGNATURE *Suzanne G. Zeitler* **Suzanne G. Zeitler** **4-24-98** **319-391-1100**

CR2E034 (10/97)