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# Jan 23 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 # **853521** **(3)**

1. Corporation Name
**INX INTERNATIONAL INK CO.**

Principal Place of Business
**651 BONNIE LANE**
**ELK GROVE VILLAGE IL 60007**

Mailing Address
**651 BONNIE LANE**
**ELK GROVE VILLAGE IL 60007-1911**

3. Date Incorporated or Qualified: **07/20/1982**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business — 21:
Suite, Apt #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **36-0702910** ☐ 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

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, 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 | P | ☐ DELETE | 1.1 TITLE | Executive Vice Pres. Technology | ☐ Change ☒ Addition |
| NAME | MORAVEC, FRANK | | 1.2 NAME | Tasker, William | |
| STREET ADDRESS | 102 KILCHUAN LANE | | 1.3 STREET ADDRESS | 1527 River Drive | |
| CITY-ST-ZIP | INVERNESS IL | | 1.4 CITY-ST-ZIP | Glen Ellyn, IL 60137 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | Vice President, Secretary | ☐ Change ☒ Addition |
| NAME | CLENDENNING, RICHARD | | 2.2 NAME | Carlson, John | |
| STREET ADDRESS | 2111 ROCKY KNOLL DR | | 2.3 STREET ADDRESS | 1259 montclaire Rd | |
| CITY-ST-ZIP | CHARLOTTE NC | | 2.4 CITY-ST-ZIP | Schaumburg IL 60173 | |
| TITLE | EVP | ☒ DELETE | 3.1 TITLE | Vice President | ☐ Change ☒ Addition |
| NAME | FRANKE, ARTHUR G. | | 3.2 NAME | Osmundsen, Robert | |
| STREET ADDRESS | 6820 W 54TH STREET | | 3.3 STREET ADDRESS | 687 North Main | |
| CITY-ST-ZIP | MISSION KS | | 3.4 CITY-ST-ZIP | Glen Ellyn IL 60137 | |
| TITLE | TAS | ☐ DELETE | 4.1 TITLE | Sr V.P. International | ☒ Change ☐ Addition |
| NAME | TENNIS, MICHAEL J. | | 4.2 NAME | Clendenning, Richard | |
| STREET ADDRESS | 303 CHURCHILL CT. | | 4.3 STREET ADDRESS | 1610 Lincoln Meadows Apt. 1226 | |
| CITY-ST-ZIP | SLEEPY HOLLOW IL | | 4.4 CITY-ST-ZIP | Schaumburg, IL 60173 | |
| TITLE | COB | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MATSUZAWA, MITSUO | | 5.2 NAME | | |
| STREET ADDRESS | 1307 S FERNANDEZ | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ARLINGTON HEIGHTS IL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MONROE, JIM | | 6.2 NAME | | |
| STREET ADDRESS | 418 ELMHURST DR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FULLERTON CA | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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:** M Stevens 1/7/97 847-981-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #