

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

FILED
Apr 13 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 # **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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-0702910	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	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
		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	1.1 TITLE	Vice President, Secretary
NAME	MORAVEC, FRANK	1.2 NAME	John Carlson
STREET ADDRESS	102 KILCHUAN LANE	1.3 STREET ADDRESS	1259 Montclair Rd.
CITY-ST-ZIP	INVERNESS IL	1.4 CITY-ST-ZIP	Schaumburg IL 60173
TITLE	D	2.1 TITLE	Sr. V.P.
NAME	CLENDENNING, RICHARD	2.2 NAME	Cleddening, Richard
STREET ADDRESS	2111 ROCKY KNOLL DR	2.3 STREET ADDRESS	1 N 589 Augusta Ct.
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	Winfield IL 60190
TITLE	VP	3.1 TITLE	
NAME	OSMUNDSEN, ROBERT	3.2 NAME	
STREET ADDRESS	687 NORTH MAIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ELLYN IL	3.4 CITY-ST-ZIP	
TITLE	TAS	4.1 TITLE	
NAME	TENNIS, MICHAEL J.	4.2 NAME	
STREET ADDRESS	303 CHURCHILL CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SLEEPY HOLLOW IL	4.4 CITY-ST-ZIP	
TITLE	COB	5.1 TITLE	
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	EVP	6.1 TITLE	
NAME	TASKER, WILLIAM	6.2 NAME	
STREET ADDRESS	1527 RIVER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ELLYN IL	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: _____

847-801-9290

CR2E034 (10/97)