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May 07, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853521

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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MORAVEC, FRANK | 1.2 NAME | Carlson, John |
| STREET ADDRESS | 102 KILCHUAN LANE | 1.3 STREET ADDRESS | 1259 Montclair Road |
| CITY-ST-ZIP | INVERNESS IL | 1.4 CITY-ST-ZIP | Schaumburg, IL 60173 |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLENDENNING, RICHARD | 2.2 NAME | Clendenning, Richard |
| STREET ADDRESS | IN 589 AUGUSTA CT | 2.3 STREET ADDRESS | 1 N. 589 Augusta Ct |
| CITY-ST-ZIP | WINFIELD IL 60190 | 2.4 CITY-ST-ZIP | Winfield, IL 60190 |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | EVP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

(847) 981-9399
Daytime Phone #

CR2E034 (1/98)

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