

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000873

Entity Name: BELL LABEL, CO.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

777 MAIN ST.
LEWISTON, ME 04240

New Principal Place of Business:

Current Mailing Address:

PO BOX 196
LEWISTON, ME 042430196

New Mailing Address:

FEI Number: 01-0197242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAGS & LABELS PRINTING, INC.
520 NE 1ST AVE.
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: OHAYON, MICHEL
Address: 1115 W. CHESTNUT ST.
City-St-Zip: BROCKTON, MA 02301

Title: D () Delete
Name: KRENTZMAN, HARVEY
Address: 1115 W. CHESTNUT ST.
City-St-Zip: BROCKTON, MA 02301

Title: D () Delete
Name: VAULE, SVEN
Address: 1115 W. CHESTNUT ST.
City-St-Zip: BROCKTON, MA 02301

Title: D () Delete
Name: MCCABE, JAMES V
Address: 1115 W. CHESTNUT ST.
City-St-Zip: BROCKTON, MA 02301

Title: PT () Delete
Name: LASKY, MARC E
Address: 777 MAIN ST.
City-St-Zip: LEWISTON, ME 04240

Title: S () Delete
Name: BONNEAU, JOHN V
Address: PO BOX 7230
City-St-Zip: LEWISTON, ME 04240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC E. LASKY

PRES

01/12/2004

Electronic Signature of Signing Officer or Director

Date