

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000002408 (2)

1. Corporation Name

BTI AMERICAS, INC.

Principal Place of Business

400 SKOKIE BLVD  
NORTHBROOK IL 60062  
US

Mailing Address

400 SKOKIE BLVD  
NORTHBROOK IL 60062-2818  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

11/18/1996

4. FEI Number

52-1862796

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P  
NAME  
MANAKER, RALPH  
STREET ADDRESS  
400 SKOKIE BLVD  
CITY-ST-ZIP  
NORTHBROOK IL

1.2 TITLE

VT  
NAME  
TURNER, LEE D  
STREET ADDRESS  
400 SKOKIE BLVD  
CITY-ST-ZIP  
NORTHBROOK IL

1.3 TITLE

S  
NAME  
NUGENT, JAMES R JR  
STREET ADDRESS  
1401 ROCKVILLE PIKE, SUITE 300  
CITY-ST-ZIP  
ROCKVILLE MD 20852

1.4 TITLE

V  
NAME  
WEBKING, F W JR  
STREET ADDRESS  
1401 ROCKVILLE PIKE, SUITE 300  
CITY-ST-ZIP  
ROCKVILLE MD

1.5 TITLE

C  
NAME  
HOLLAND, MURRAY T  
STREET ADDRESS  
25 HIGHLAND PARK VILLAGE #314  
CITY-ST-ZIP  
DALLAS TX 75205

1.6 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002184582  
-05/20/97--01020--022  
\*\*\*165.00

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. I am attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-97

(713) 968-5976

CR2E034 (9/96)