

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90047 033 ***150.00

DOCUMENT # **F96000006654**

1. Corporation Name

ASSOCIATED BUSINESS PRODUCTS, INC.

Principal Place of Business

**2329 CIRCADIAN WAY
SANTA ROSA CA 95407
US**

Mailing Address

**PO BOX 7789
SANTA ROSA CA 95407
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

68-0003209

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**OCHSENHIRT, GARY
110 COASTLINE RD
SANFORD FL 32771**

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

TITLE **P** ☐ DELETE

NAME **KLINGLER, BRYAN D**
STREET ADDRESS **2319 SAGE BRUSH LN**
CITY-ST-ZIP **SANTA ROSA CA 95401**

TITLE **VS** ☒ DELETE

NAME **HAASE, CARL A**
STREET ADDRESS **640 PIEZZI RD**
CITY-ST-ZIP **SANTA ROSA CA 95401**

TITLE **VP** ☒ DELETE

NAME **EDELEN, WILLIAM**
STREET ADDRESS **1460 WHITE OAK DR**
CITY-ST-ZIP **SANTA ROSA CA**

TITLE **CFOT** ☐ DELETE

NAME **WHEATMAN, DAVID W**
STREET ADDRESS **2329 CIRCADIAN WAY**
CITY-ST-ZIP **SANTA ROSA CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO** ☐ Change ☒ Addition

1.2 NAME **MCCLEAN, GRAHAM J**
1.3 STREET ADDRESS **45 DUKESLANE**
1.4 CITY-ST-ZIP **LINCOLNSHIRE, IL 60069**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **STUBKJAER, ANDERS**
2.3 STREET ADDRESS **4531 TALL-OAKS LANE**
2.4 CITY-ST-ZIP **ROLLING MEADOWS, IL 60008**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99 707-527-6022

CR2E034 (11/98)