

2001 UNIFORM BUSINESS REPORT (UBR)

pg 192

DOCUMENT # L86539

1. Entity Name

FLORIDA ENVELOPE COMPANY

FILED

01 FEB 28 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
620387

Principal Place of Business %THE PRENTICE-HALL 110 N MAGNOLIA ST TALLAHASSEE FL 32301	Mailing Address %THE PRENTICE-HALL 110 N MAGNOLIA ST TALLAHASSEE FL 32301
--	--

2. Principal Place of Business 301 Arthur CT Suite, Apt. #, etc.	3. Mailing Address 301 Arthur CT Suite, Apt. #, etc.
--	--

City & State Bensenville, IL Zip Country	City & State Bensenville, IL Zip Country
--	--

4. FEI Number 36-3725043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

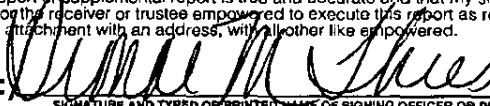
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee, FL Zip Code 32301
---	---

8. 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  BRIAN COURTNEY, ASST. V.P. Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2/28/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURGESS, HARLAN 301 ARTHUR CT BENSENVILLE IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKAUS, RICHARD 301 ARTHUR CT BENSENVILLE IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THIES, DIONNE 301 ARTHUR COURT BENSENVILLE IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003789886 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE:  SP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

292



ACCOUNT NO. : 072100000032

REFERENCE : 058649 7260298

AUTHORIZATION : *Patricia Leggett*

COST LIMIT : \$ 150.00

ORDER DATE : February 28, 2001

ORDER TIME : 10:48 AM

ORDER NO. : 058649-005

CUSTOMER NO: 7260298

CUSTOMER: Dionne Thies, Secretary
Florida Envelope Company
301 Arthur Ct

Bensenville, IL 60106

ANNUAL REPORT FILING

NAME: FLORIDA ENVELOPE COMPANY

RECEIVED
01 FEB 28 PM 12:10
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS: _____