

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90127 030 \*\*\*\*50.00

20053457



<b>DOCUMENT # M01000001903</b> 1. Entity Name <b>BOWE BELL + HOWELL SCANNERS, L.L.C.</b>					
Principal Place of Business <b>772 S WOLF RD WHEELING, IL 60090</b>			Mailing Address <b>772 S WOLF RD WHEELING, IL 60090</b>		
2. Principal Place of Business <b>760 S. Wolf Rd</b>		3. Mailing Address <b>760 S. Wolf Rd</b>			
Suite, apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Wheeling, IL</b>		City & State <b>Wheeling, IL</b>		4. FEI Number <b>38-3612012</b>	
Zip <b>60090</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BELL &amp; HOWELL MAIL &amp; MESSAGING TECH CO 3501B TRI-CENTER BLVD. DURHAM, NC 27713</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>760 S. Wolf Rd Wheeling, IL 60090</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUNT, RUSSELL 722 S WOLF RD WHEELING, IL 600906232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>760 S. Wolf Rd Wheeling, IL 60090</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MANETTI, LOUIS 722 S WOLF RD WHEELING, IL 600906232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>760 S. Wolf Rd Wheeling, IL 60090</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TAYLOR, JOSEPH 722 S WOLF RD WHEELING, IL 600906232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>760 S. Wolf Rd Wheeling, IL 60090</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS MANETTI, LOUIS 722 S WOLF RD WHEELING, IL 600906232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>760 S. Wolf Rd Wheeling, IL 60090</b> <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	<b>VP Thomas E. Werner 760 S. Wolf Rd Wheeling, IL 60090</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>			4-27-05 847-423-3100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		