

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P03870** (3)

1. Corporation Name
DUPLEX PRODUCTS INC.



Principal Place of Business: 1947 BETHANY RD, P.O. BOX 1947, SYCAMORE IL 60178
Mailing Address: 1947 BETHANY RD, P.O. BOX 1947, SYCAMORE IL 60178

3. Date Incorporated or Qualified: 10/29/1984
3a. Date of Last Report: 04/26/1995
4. FEI Number: 36-2109817
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MCSWINEY, BENJAMIN L STREET ADDRESS: 1947 BETHANY RD CITY-ST-ZIP: SYCAMORE IL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: ESKRA, DAVID J STREET ADDRESS: 1947 BETHANY ROAD CITY-ST-ZIP: SYCAMORE IL	<input type="checkbox"/> DELETE
TITLE: T NAME: GLAWE, GERALD L STREET ADDRESS: 1947 BETHANY ROAD CITY-ST-ZIP: SYCAMORE IL	<input checked="" type="checkbox"/> DELETE
TITLE: VP NAME: CAMPBELL, ANDREW A. STREET ADDRESS: 1947 BETHANY ROAD CITY-ST-ZIP: SYCAMORE IL	<input type="checkbox"/> DELETE
TITLE: VPO NAME: LOOMER, MARC STREET ADDRESS: 1947 BETHANY ROAD CITY-ST-ZIP: SYCAMORE IL	<input type="checkbox"/> DELETE
TITLE: VP NAME: WILSON, MICHAEL E STREET ADDRESS: 1947 BETHANY ROAD CITY-ST-ZIP: SYCAMORE IL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P. 1.2 NAME: Andrew A. Campbell 1.3 STREET ADDRESS: 1947 Bethany Road 1.4 CITY-ST-ZIP: Sycamore, IL 60178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: S 3.2 NAME: Mark A. Robinson 3.3 STREET ADDRESS: 1947 Bethany Road 3.4 CITY-ST-ZIP: Sycamore, IL 60178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: VP Finance 4.2 NAME: James R. Ramig 4.3 STREET ADDRESS: 1947 Bethany Road 4.4 CITY-ST-ZIP: Sycamore, IL 60178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: AT 6.2 NAME: Gary P. Lindgren 6.3 STREET ADDRESS: 1947 Bethany Road 6.4 CITY-ST-ZIP: Sycamore, IL 60178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Gary P. Lindgren* 4.17.96 615-895-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)