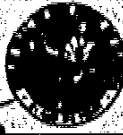


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT**



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

1995 4-26-95

95 APR 26 PH 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04660 (7)

1. Corporation Name
BOWNE MANAGEMENT SYSTEMS INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 380 CENTRAL AVENUE, STE. 1500 P.O. BOX 3542 ST. PETERSBURG FL 33731-3542 US	Mailing Address 380 CENTRAL AVENUE, STE. 1500 P.O. BOX 3542 ST. PETERSBURG FL 33731-3542 US
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3. Date Incorporated or Qualified 01/15/1985	3a. Date of Last Report 04/12/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 11-2630268 Applied For: Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACHELLER, CHESTER E.
380 CENTRAL AVENUE
SUITE 1500
ST. PETERSBURG FL 33701**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGAN, GEORGE	1.2 NAME	
STREET ADDRESS	26 OAKLEY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ISLIP NY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, ROBERT A.	2.2 NAME	
STREET ADDRESS	10 KNOLLWOOD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAYVILLE NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, CHESTER C.	3.2 NAME	
STREET ADDRESS	2379 ELK COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BELLMORE NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTETOMASO, FRANK J.	4.2 NAME	
STREET ADDRESS	63 LEONARD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MASSAPEQUA NY	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, ZABDIEL A.	5.2 NAME	
STREET ADDRESS	9 HILLCREST RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. WASHINGTON NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

George Fagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

5/6/746-2350