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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P04660 (7)
1. Corporation Name
BOWNE MANAGEMENT SYSTEMS INC.



Principal Place of Business
360 CENTRAL AVENUE, STE. 1500
P.O. BOX 3542
ST. PETERSBURG FL 33731-3542
US

Mailing Address
360 CENTRAL AVENUE, STE. 1500
P.O. BOX 3542
ST. PETERSBURG FL 33731-3542
US

3. Date Incorporated or Qualified 01/15/1985
3a. Date of Last Report 04/26/1996
4. FEI Number 11-2630268
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business Suite 2300
21 400 N. ASHLEY DRIVE
Suite, Apt. #, etc.
22 P.O. Box 1288
City & State
23 TAMPA, FL
Zip Country
24 33601-1288 25 USA
2a. Mailing Address Suite 2300
26 400 N. ASHLEY DRIVE
Suite, Apt. #, etc.
27 P.O. Box 1288
City & State
28 TAMPA, FL
Zip Country
29 33601-1288 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400 N. ASHLEY DRIVE
Suite 2300
84 City TAMPA FL 85 Zip Code 33602

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	FAGAN, GEORGE	26 OAKLEY PLACE	WEST ISLIP NY	
VD	STANTON, ROBERT A.	10 KNOLLWOOD AVENUE	BAYVILLE NY	
VD	KELSEY, CHESTER C.	2379 ELK COURT	NORTH BELLMORE NY	
VD	ANTETOMASO, FRANK J.	63 LEONARD DR	MASSAPEQUA NY	
STD	BLACKMAN, ZABDIEL A.	9 HILLCREST RD.	PT. WASHINGTON NY	
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

[Handwritten Signature]

CR2E034 (9/96)