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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
400 N ASHLEY DRIVE
STE #2300 - P.O. BOX 1288
TAMPA FL 33601-1288
US

Mailing Address
400 S ASHLEY DRIVE
P.O. BOX 1228 - STE #2300
TAMPA FL 33601-1288
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1985

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 owes or has paid the current year
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACHELLER, CHESTER E.
400 N ASHLEY DRIVE
STE #2300
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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
NAME FAGAN, GEORGE
STREET ADDRESS 26 OAKLEY PLACE
CITY-ST-ZIP WEST ISLIP NY

TITLE VD
NAME STANTON, ROBERT A.
STREET ADDRESS 10 KNOLLWOOD AVENUE
CITY-ST-ZIP BAYVILLE NY

TITLE VD
NAME KELSEY, CHESTER C.
STREET ADDRESS 2379 ELK COURT
CITY-ST-ZIP NORTH BELLMORE NY

TITLE VD
NAME ANTETOMASO, FRANK J.
STREET ADDRESS 63 LEONARD DR
CITY-ST-ZIP MASSAPEQUA NY

TITLE STD
NAME BLACKMAN, ZABDIEL A.
STREET ADDRESS 9 HILLCREST RD.
CITY-ST-ZIP PT. WASHINGTON NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

CR2E034 (10/97)