


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90270 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04660 (7) <i>Vol</i>					
1. Corporation Name BOWNE MANAGEMENT SYSTEMS INC.					
Principal Place of Business 400 N. Ashley Drive Suite 2050 Tampa, FL 33602 US			Mailing Address 400 N. Ashley Drive Suite 2050 Tampa, FL 33602 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1985	
21		26		4. FEI Number 11-2630268	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent Bacheller, Chester E. 400 N. Ashley Drive Suite 2050 Tampa, FL 33602			10. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Antetomaso, Frank J.		4.2 NAME		
STREET ADDRESS	63 Leonard Drive		4.3 STREET ADDRESS		
CITY-ST-ZIP	Massapequa NY		4.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE:

Chester C. Kelsey
CHESTER C. KELSEY

April 23 1999 516/746-2350
Date Daytime Phone #

CR2E034 (11/98)