

2001 UNIFORM BUSINESS REPORT (UBR)

0038797

DOCUMENT # P04660

1. Entity Name
BOWNE MANAGEMENT SYSTEMS INC.

FILED

01 FEB -8 PM 12:59

Principal Place of Business Mailing Address

400 N ASHLEY DRIVE 400 N ASHLEY DRIVE
SUITE 2050 SUITE 2050
TAMPA FL 33602 TAMPA FL 33602
US US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **11-2630268** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BACHELLER, CHESTER E.
400 N ASHLEY DRIVE
SUITE 2050
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 02/01/01 516/746-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)