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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07174

1. Corporation Name
VIDEOJET SYSTEMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1500 MITTEL BLVD. WOOD DALE IL 60191	1500 MITTEL BLVD. WOOD DALE IL 60191

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/20/1985

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 36-2822116 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OVPF	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, R.J.		1.2 NAME		
STREET ADDRESS	1500 MITTEL BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WOOD DALE IL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAUER, C E		2.2 NAME		
STREET ADDRESS	1500 MITTEL BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WOOD DALE IL 60191		2.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	TRUSDELL, L.M.		3.2 NAME		
STREET ADDRESS	5700 WEST TOUHY AVENUE		3.3 STREET ADDRESS	1500 Mittel Blvd.	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Wood Dale, IL 60191	
TITLE	OVPM	☒ DELETE	4.1 TITLE	Vice President, Manufacturing	☐ Change ☒ Addition
NAME	HAGEDORN, FRED		4.2 NAME	Wilson, T. K.	
STREET ADDRESS	1500 MITTEL BLVD.		4.3 STREET ADDRESS	1500 Mittel Blvd.	
CITY-ST-ZIP	WOOD DALE IL 60191		4.4 CITY-ST-ZIP	Wood Dale, IL 60191	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: X _____ 4/26/99 (630)860-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)