FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19723** **(6)**

1. Corporation Name

BELL & HOWELL PHILLIPSBURG COMPANY

Principal Place of Business	Mailing Address
5215 OLD ORCHARD RD SKOKIE IL 60077	5215 OLD ORCHARD RD SKOKIE IL 60077

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1988**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **36-3580100** ☐ 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

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 mail/delivered

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STIRLING, ROB, T	12 NAME	
STREET ADDRESS	795 ROBLE ROAD	13 STREET ADDRESS	
CITY ST ZIP	LEHIGH PA	14 CITY ST ZIP	
TITLE	AST	21 TITLE	☐ Change ☐ Addition
NAME	CAULFIELD, EDMUND J.	22 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	23 STREET ADDRESS	
CITY ST ZIP	SKOKIE IL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SALIT, GARY S	32 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	33 STREET ADDRESS	
CITY ST ZIP	SKOKIE IL	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	JOHANSSON, NILS A.	42 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	43 STREET ADDRESS	
CITY ST ZIP	SKOKIE IL	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	SEGAL, RICHARD, M	52 NAME	
STREET ADDRESS	795 ROBLE ROAD	53 STREET ADDRESS	
CITY ST ZIP	LEHIGH PA	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	LIEBERMAN, STUART	62 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	63 STREET ADDRESS	
CITY ST ZIP	SKOKIE IL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **Asst. Sec. & Asst. Treasurer** 4-6-95 (708) 470-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0487648 FP