FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **06/20/1988**
3a. Date of Last Report: **04/18/1995**
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

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

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

TITLE	PD	☐ DELETE
NAME	STIRLING, ROB, T	
STREET ADDRESS	795 ROBLE ROAD	
CITY-ST-ZIP	LEHIGH PA	
TITLE	AST	☐ DELETE
NAME	CAULFIELD, EDMUND J.	
STREET ADDRESS	5215 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL	
TITLE	SD	☐ DELETE
NAME	SALIT, GARY S	
STREET ADDRESS	5215 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL	
TITLE	VP	☐ DELETE
NAME	JOHANSSON, NILS A.	
STREET ADDRESS	5215 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL	
TITLE	VP	☐ DELETE
NAME	SEGAL, RICHARD, M	
STREET ADDRESS	795 ROBLE ROAD	
CITY-ST-ZIP	LEHIGH PA	
TITLE	VP	☐ DELETE
NAME	LIEBERMAN, STUART	
STREET ADDRESS	5215 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	Ben L. McSwiney	
1.3 STREET ADDRESS	4401 Silicon Dr. Bldg 675	
1.4 CITY-ST-ZIP	Durham NC 27709	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	Lisa Porta	
5.3 STREET ADDRESS	4401 Silicon Dr Bldg 675	
5.4 CITY-ST-ZIP	Durham NC 27709	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: [signature] E.J. Caulfield 4/30/96 (847) 470-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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BELL & HOWELL MAIL PROCESSING SYSTEMS COMPANY 3/28/96
FEIN: 36-3580100
LIST OF OFFICERS AND DIRECTORS

NAME AND ADDRESS	TITLE	SOCIAL SECURITY #
BEN L. MCSWINEY 4401 SILICON DR. BLDG 675 DURHAM, N.C. 27709	PRESIDENT, CEO AND DIRECTOR	405-72-6801
NILS A. JOHANSSON 5215 OLD ORCHARD ROAD SKOKIE, IL, 60077	VICE PRESIDENT & DIRECTOR	344-56-3261
MICHAEL G. LITTLETON 4401 SILICON DR. BLDG 675 DURHAM, N.C. 27709	SR. VICE PRESIDENT	270-44-2831
DAVID L. BELLITT 4401 SILICON DR. BLDG 675 DURHAM, N.C. 27709	SR. VICE PRESIDENT	297-46-5379
LISA PORTA 4401 SILICON DR. BLDG 675 DURHAM, N.C. 27709	VICE PRESIDENT	402-66-8723
STUART T. LIEBERMAN 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	VICE PRESIDENT	350-42-2429
JEFFREY J. QUADE 4401 SILICON DR. BLDG. 675 DURHAM, N.C. 27709	VICE PRESIDENT	396-62-5253
RONALD R. NABORS 4401 SILICON DR. BLDG. 675 DURHAM, N.C. 27709	VICE PRESIDENT	404-62-9003
EDMUND J. CAULFIELD 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	ASST. SECRETARY & ASST. TREASURER	342-30-9340

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BELL & HOWELL MAIL PROCESSING SYSTEMS COMPANY
FEIN: 36-3580100
LIST OF OFFICERS AND DIRECTORS

NAME AND ADDRESS	TITLE	SOCIAL SECURITY #
KEVIN O'SHEA 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	TREASURER	325-58-4846
GARY S. SALIT 5215 OLD ORCHARD ROAD SKOKIE, IL 60077	SECRETARY & DIRECTOR	058-36-8408