

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19723

1. Entity Name

BELL & HOWELL MAIL AND MESSAGING TECHNOLOGIES CO

Principal Place of Business

5215 OLD ORCHARD RD
SKOKIE IL 60077

Mailing Address

5215 OLD ORCHARD RD
SKOKIE IL 60077-1035

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

36-3580100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DERING, MICHAEL
STREET ADDRESS 4401 SILICON DR BLDG 675
CITY-ST-ZIP DURHAM NC 27709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST ☐ Delete
NAME CAULFIELD, EDMUND J.
STREET ADDRESS 5215 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SALIT, GARY S
STREET ADDRESS 5215 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME JOHANSSON, NILS A.
STREET ADDRESS 5215 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME LISA PORTA
STREET ADDRESS 4401 SILICON DR BLDG 675
CITY-ST-ZIP DURHAM NC

TITLE VP ☐ Change ☒ Addition
NAME Thomas Chadwick
STREET ADDRESS 4401 SILICON DR
CITY-ST-ZIP Durham NC 27709

TITLE VP ☐ Delete
NAME LIEBERMAN, STUART
STREET ADDRESS 5215 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE IL

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.J. CAULFIELD

Date

Daytime Phone #

(847) 470-7100

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90058 021 ***150.00



DO NOT WRITE IN THIS SPACE