


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90049 035 \*\*\*150.00

<b>DOCUMENT # P19723</b>	
1. Entity Name <b>BOWE BELL &amp; HOWELL COMPANY</b>	

Principal Place of Business <b>760 S. WOLF RD WHEELING, IL 60090</b>	Mailing Address <b>760 S. WOLF RD WHEELING, IL 60090</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40096400



01302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>36-3580100</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOMBARD, JOHN 3501 B TRI-CENTER BLVD. DURHAM, NC 27713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WERNER, THOMAS E 760 S. WOLF RD WHEELING, IL 60090 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MANETTI, LOUIS 760 S. WOLF RD. WHEELING, IL 60090 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILHELM, MICHAEL 760 S. WOLF RD WHEELING, IL 60090 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERCKENS, CLAUS DR 760 S. WOLF RD. WHEELING, IL 60090 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EADDY, BLAKE 760 S. WOLF RD. WHEELING, IL 60090 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael Wilhelm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/7/07 Daytime Phone #: 847-423-7362

**Bowe Bell + Howell Company**  
**List of Officers and Directors**  
**FEIN: 36-3580100**

<u>Position</u>	<u>Name</u>	<u>Address</u>
President	John Lombard	3501 B Tri-Center Blvd. Durham, NC 27713
Vice President	Michael Wilhelm	760 S. Wolf Rd. Wheeling, IL 60090
Treasurer	Michael Wilhelm	760 S. Wolf Rd. Wheeling, IL 60090
Secretary	Blake Eaddy	760 S. Wolf Rd. Wheeling, IL 60090
Director	Blake Eaddy	760 S. Wolf Rd. Wheeling, IL 60090
Director	Dr. Claus Gerckens	760 S. Wolf Rd. Wheeling, IL 60090

ATTACHMENT  
40096466  
#P19723