AUG-29-2003 11:46

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 29 PM 2:06

DOCUMENT # P19723

1. Corporation Name
BELL + HOWELL MAIL + MESSAGING TECHNOLOGIES COMPANY

REINSTATEMENT 02-03
EP

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 3501 B Tri-Center Blvd | 3400 W Pratt Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Durham, NC | City & State: Lincolnwood IL |
| Zip: 27713 Country: USA | Zip: 60712 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 6-20-1988

5. FEI Number: 36-3580100 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 Annual Fee must be paid to obtain Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable): 9u CT Corporation System
Suite, Apt. #, Etc.: 1200 South Pine Island Road
City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN
Date: 8/29/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| S | Joseph Taylor | 3501 B Tri-Center Blvd. | Durham, NC 27713 |
| V | Thomas E Werner | " | " |
| VP/T | Louis Manetti | " | " |
| | | | |
| | | | |
| | | | |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 08/28/03 847-423-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Florida Department of State
## Division of Corporations
Public Access System

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# CORPORATION REINSTATEMENT

## BELL & HOWELL MAIL AND MESSAGING TECHNOLOGIES COMPAN

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| Certificate of Status | 0 |
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