

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P19839** (0)

1. Corporation Name

**BELL & HOWELL DOCUMENT MANAGEMENT PRODUCTS COMPA
NY**

Principal Place of Business

**5215 OLD ORCHARD ROAD
SKOKIE IL 60077-8076**

Mailing Address

**5215 OLD ORCHARD ROAD
SKOKIE IL 60077-8076**



3. Date Incorporated or Qualified
06/27/1988

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
36-3580101

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **PATTERSON, RAYMOND D.**
STREET ADDRESS **6800 MCCORMICK ROAD**
CITY-ST-ZIP **CHICAGO IL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **ROEMER, JAMES P.**
1.3 STREET ADDRESS **5215 OLD ORCHARD ROAD**
1.4 CITY-ST-ZIP **SKOKIE, IL 60077**

TITLE **SD** ☐ DELETE
NAME **SALIT, GARY S.**
STREET ADDRESS **5215 OLD ORCHARD ROAD**
CITY-ST-ZIP **SKOKIE IL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **MASON, THOMAS M**
STREET ADDRESS **6800 N. MCCORMICK RD.**
CITY-ST-ZIP **CHICAGO IL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **GRAVER, PATRICK J**
STREET ADDRESS **5215 OLD ORCHARD RD**
CITY-ST-ZIP **SKOKIE IL**

6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **OISHEA, KEVIN**
6.3 STREET ADDRESS **5215 OLD ORCHARD ROAD**
6.4 CITY-ST-ZIP **SKOKIE, IL 60077**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. J. CAULFIELD 4/22/96

(847) 470-7100

CR2E034 (12/95)