

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # P19839

(0)

1. Corporation Name

BELL & HOWELL DOCUMENT MANAGEMENT PRODUCTS COMPA  
NY

Principal Place of Business

5215 OLD ORCHARD ROAD  
SKOKIE IL 60077-6076

Mailing Address

5215 OLD ORCHARD ROAD  
SKOKIE IL 60077-1035



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/27/1988

3a. Date of Last Report

05/01/1996

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

P  
ROEMER, JAMES P.  
5215 OLD ORCHARD ROAD  
SKOKIE IL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

SD  
SALIT, GARY S.  
5215 OLD ORCHARD ROAD  
SKOKIE IL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

VD  
JOHANSSON, NILS A.  
5215 OLD ORCHARD ROAD  
SKOKIE IL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

AST  
CAULFIELD, EDMUND J.  
5215 OLD ORCHARD ROAD  
SKOKIE IL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

VP  
MASON, THOMAS M  
6800 N. MCCORMICK RD.  
CHICAGO IL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

T  
O'SHEA, KEVIN  
5215 OLD ORCHARD ROAD  
SKOKIE IL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

LIEBERMAN, STUART  
5215 OLD ORCHARD ROAD  
SKOKIE, IL 60077

☒ Change

☐ Addition

14. I do 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 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]*

Asst. Sec. & Asst. Treasurer

4/24/97

847 470 7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0481566

CR2E034 (9/96)