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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19839

1. Corporation Name

BELL & HOWELL DOCUMENT MANAGEMENT PRODUCTS COMPA
NY

Principal Place of Business

113 WEST PINCKNEY STREET
MADISON FL 32340

Mailing Address

5215 OLD ORCHARD RD
SKOKIE IL 60077
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6800 McCormick Road

Suite, Apt. #, etc.

22 City & State

23 Lincolnwood, IL

Zip Country

24 60645

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

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

TITLE ☐ DELETE
NAME P
STREET ADDRESS ROEMER, JAMES P.
CITY-ST-ZIP 5215 OLD ORCHARD ROAD
SKOKIE IL

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

Daytime Phone #

CR2E034 (11/98)