FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23586 (1)

1. Corporation Name

A.B. DICK COMPANY

Principal Place of Business	Mailing Address
5700 W. TOUHY AVE. CHICAGO IL 60648	5700 W. TOUHY AVE. CHICAGO IL 60648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5700 W. TOUHY AVE
Suite, Apt. #, etc. 22
City & State 23 NILES, ILLINOIS
Zip 24 60714 County 25

2a. Mailing Address
26 5700 W. TOUHY AVE
Suite, Apt. #, etc. 27
City & State 28 NILES, ILLINOIS
Zip 29 60714 County 30

4. FEI Number: 04-0028816 ☐ 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. The corporation is/is not liable for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 607.0202 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BODE, HENRY J.	42 NAME	
STREET ADDRESS	544 LINDEN AVE.	43 STREET ADDRESS	
CITY ST ZIP	OAK PARK IL	44 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	WALKER, A. HARRIS	22 NAME	
STREET ADDRESS	655 OAK KNOLL DR.	23 STREET ADDRESS	
CITY ST ZIP	LAKE FOREST IL	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, PATRICIA A.	32 NAME	
STREET ADDRESS	701 FORUM SQUARE	33 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	34 CITY ST ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	PETERSON, RONALD	42 NAME	
STREET ADDRESS	5700 W TOUHY	43 STREET ADDRESS	
CITY ST ZIP	NILES IL	44 CITY ST ZIP	
TITLE	VPF	51 TITLE	☐ Change ☐ Addition
NAME	CLEYS, RICHARD	52 NAME	
STREET ADDRESS	5700 W TOUHY	53 STREET ADDRESS	
CITY ST ZIP	NILES IL	54 CITY ST ZIP	
TITLE	AC	61 TITLE	ASSISTANT CONTROLLER ☒ Change ☐ Addition
NAME	GLICKER, MICHAEL H.	62 NAME	PATTERSON, MATTHEW F.
STREET ADDRESS	5700 W. TOUHY	63 STREET ADDRESS	5700 W. TOUHY
CITY ST ZIP	NILES IL	64 CITY ST ZIP	NILES, IL 60714-4690

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 above, or on an attachment with an address.

SIGNATURE: Matthew F. Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR
MATTHEW F. PATTERSON

Title

312-768-1900
Daytime Phone Number

0400400 FP