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 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31046** (6)

1. Corporation Name
FELLOWES MANUFACTURING COMPANY

Principal Place of Business	Mailing Address
1789 NORWOOD AVE ITASCA IL 60143	1789 NORWOOD AVE ITASCA IL 60143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/25/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-0770670 ☐ 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 ______ DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	1 TITLE	☐ Change ☐ Addition
NAME	FELLOWES, JOHN E.	1 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	1 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	1 CITY-ST-ZIP	
TITLE	PD	2 TITLE	☐ Change ☐ Addition
NAME	FELLOWES, JAMES E.	2 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	2 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	2 CITY-ST-ZIP	
TITLE	VSD	3 TITLE	☐ Change ☐ Addition
NAME	FELLOWES, PETER	3 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	3 CITY-ST-ZIP	
TITLE	VT	4 TITLE	☐ Change ☐ Addition
NAME	ELDER, DOUGLAS P.	4 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	4 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	4 CITY-ST-ZIP	
TITLE	V	5 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHN	5 NAME	
STREET ADDRESS	1789 NORWOOD AVE	5 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	5 CITY-ST-ZIP	
TITLE	V	6 TITLE	☐ Change ☐ Addition
NAME	COMPAGNO, ROBERT L	6 NAME	
STREET ADDRESS	1789 NORWOOD AVE.	6 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	6 CITY-ST-ZIP	

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(1)(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: Patrick A Powers Comptroller 4/28/95 708-893-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Patrick A. Powers

0466459 FP