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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:25

DOCUMENT # P34647 (8)

1. Corporation Name
UMI COMPANY

Principal Place of Business	Mailing Address
% BELL & HOWELL COMPANY 5215 OLD ORCHARD RD. SKOKIE IL 60077	% BELL & HOWELL COMPANY 5215 OLD ORCHARD RD. SKOKIE IL 60077

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1991
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 36-3580102 ☐ 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FITZSIMMONS, J.S.	1.2 NAME	FITZSIMMONS, J.S.	
STREET ADDRESS	300 NORTH ZEEB ROAD	1.3 STREET ADDRESS	300 NORTH ZEEB ROAD	
CITY-ST-ZIP	ANN ARBOR MI	1.4 CITY-ST-ZIP	ANN ARBOR MI	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSSON, N.A.	2.2 NAME		
STREET ADDRESS	5215 OLD ORCHARD ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SKOKIE IL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	LIEBERMAN, S.T.	3.2 NAME		
STREET ADDRESS	5215 OLD ORCHARD RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SKOKIE IL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	MALCOLM, P.	4.2 NAME	ROEMER, J.P.	
STREET ADDRESS	300 NORTH ZEEB ROAD	4.3 STREET ADDRESS	300 NORTH ZEEB ROAD	
CITY-ST-ZIP	ANN ARBOR MI	4.4 CITY-ST-ZIP	ANN ARBOR MI	
TITLE	AST	5.1 TITLE		☐ Change ☐ Addition
NAME	CAULFIELD, E.J.	5.2 NAME		
STREET ADDRESS	5215 OLD ORCHARD RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	SKOKIE IL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	SALIT, G S	6.2 NAME		
STREET ADDRESS	5215 OLD ORCHARD RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	SKOKIE IL	6.4 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(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: E. Caulfield E. J. CAULFIELD 2/1/95 708/470-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

046040 FP