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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P34647 (8)
 1. Corporation Name
UMI COMPANY



Principal Place of Business Mailing Address
% BELL & HOWELL COMPANY **% BELL & HOWELL COMPANY**
5215 OLD ORCHARD RD. **5215 OLD ORCHARD RD.**
SKOKIE IL 60077 **SKOKIE IL 60077-1035**

3. Date Incorporated or Qualified **07/12/1991** 3a. Date of Last Report **05/01/1996**
 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 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 file if applicable. (NOTE - Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINER, HENRY G	1.2 NAME	
STREET ADDRESS	300 N ZEEB ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SHEA, KEVIN	4.2 NAME	
STREET ADDRESS	5215 OLD ORCHARD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL	4.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALT, 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 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 _____ DATE _____

CR2E034 (9/96)