

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P34647

1. Corporation Name

UMI COMPANY

Principal Place of Business

% BELL & HOWELL COMPANY
5215 OLD ORCHARD RD.
SKOKIE IL 60077

Mailing Address

% BELL & HOWELL COMPANY
5215 OLD ORCHARD RD.
SKOKIE IL 60077

2. Principal Place of Business

21 300 N. Zeeb Road
Suite, Apt. #, etc.

22 City & State
23 Ann Arbor, MI

24 Zip 48106 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/12/1991

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

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 PD
NAME REYNOLDS, JOSEPH P
STREET ADDRESS 300 N ZEEB ROAD
CITY-ST-ZIP ANN ARBOR MI ☐ DELETE

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

TITLE V
NAME LIEBERMAN, S.T.
STREET ADDRESS 5215 OLD ORCHARD RD.
CITY-ST-ZIP SKOKIE IL ☐ DELETE

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

TITLE SD
NAME SALIT, G S
STREET ADDRESS 5215 OLD ORCHARD RD
CITY-ST-ZIP SKOKIE IL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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 REQUIRED CAULFIELD

4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90050 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)