


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90147 005 \*\*\*150.00

**DOCUMENT # 835137**  
 1. Entity Name  
**GENERAL BINDING CORPORATION**



Principal Place of Business      Mailing Address  
**ONE GBC PLAZA**                      **ONE GBC PLAZA**  
**NORTHBROOK, IL 60062**            **NORTHBROOK, IL 60062**

**DO NOT WRITE IN THIS SPACE**



04202005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**36-0887470**       Not Applicable

5. Certificate of Status Desired     **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC RUBIN, STEVE 1 GBC PLAZA NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CIVGIN, DON ONE GBC PLAZA NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MARTIN, DENNIS J ONE GBC PLAZA NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARGROVE, G. THOMAS ONE GBC PLAZA NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, JEFFREY P 1 GBC PLAZA NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_      **4/21/05**      **847-272-3700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #