

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 835137 (1)

1. Corporation Name
GENERAL BINDING CORPORATION



Principal Place of Business

ONE GBC PLAZA
NORTHBROOK IL 60062

Mailing Address

ONE GBC PLAZA
NORTHBROOK IL 60062

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
10/03/1975

3a. Date of Last Report
05/01/1995

4. FEI Number
36-0887470
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

C T CORPORATION SYSTEM
1200 SOUTH 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
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the Registered Agent or the Current Registered Agent (If Different) (Typed Name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	RUBIN, STEVE	
STREET ADDRESS	1 GBC PLAZA	
CITY, ST, ZIP	NORTH BROOK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTHWELL, W.R.	
STREET ADDRESS	ONE GBC PLAZA	
CITY, ST, ZIP	NORTH BROOK IL	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	MCNULTY, EDWARD J.	
STREET ADDRESS	1 GBC PLAZA	
CITY, ST, ZIP	NORTH BROOK IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOUJ, REDDY	
STREET ADDRESS	1 GBC PLAZA	
CITY, ST, ZIP	NORTH BROOK IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAPORTE, J. J.	
STREET ADDRESS	1 GBC PLAZA	
CITY, ST, ZIP	NORTHBROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	Govi REDDY
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 officer 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 in an attachment or an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 847-291-5384

CR2E034 (12/95)