

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90577 017 ***150.00

DOCUMENT # F00000000219

1. Entity Name

BIC GRAPHIC USA MANUFACTURING CO., INC.

Principal Place of Business

**500 BIC DRIVE
MILFORD CT 06460**

Mailing Address

**500 BIC DRIVE
MILFORD CT 06460**

2. Principal Place of Business

14421 Myerlake Circle

3. Mailing Address

14421 Myerlake Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number **06-1558423**

Applied For

Not Applicable

Zip

Country

33760

Zip

Country

33760

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TEAGUE, JACK	
STREET ADDRESS	14421 MYERLAKE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33760-2840	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DIPIETRO, JAMES V	
STREET ADDRESS	500 BIC DRIVE	
CITY-ST-ZIP	MILFORD CT 06460	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLEHER, THOMAS M	
STREET ADDRESS	500 BIC DRIVE	
CITY-ST-ZIP	MILFORD CT 06460	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WINTER, RAY	
STREET ADDRESS	500 BIC DRIVE	
CITY-ST-ZIP	MILFORD CT 06460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Guevara	
STREET ADDRESS	500 BIC Drive	
CITY-ST-ZIP	Milford, CT 06460	
TITLE	Vice President & General Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Lage	
STREET ADDRESS	14421 Myerlake Circle	
CITY-ST-ZIP	Clearwater, FL 33760-2840	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl A. DuBois	
STREET ADDRESS	500 BIC Drive	
CITY-ST-ZIP	Milford, CT 06460	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas M. Kelleher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President & Secretary

01/30/2001

Date

Daytime Phone #

CR2E034 (10/00)