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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90047 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F96000006654**

1. Corporation Name  
**ASSOCIATED BUSINESS PRODUCTS, INC.**



Principal Place of Business: 2329 CIRCADIAN WAY, SANTA ROSA CA 95407 US  
 Mailing Address: PO BOX 7789, SANTA ROSA CA 95407 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		68-0003209	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75-Additional - Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OCHSENHIRT, GARY 110 COASTLINE RD SANFORD FL 32771				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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLINGLER, BRYAN D	1.2 NAME	MCCLEAN, GRAHAM J
STREET ADDRESS	2319 SAGE BRUSH LN	1.3 STREET ADDRESS	45 DUKESLANE
CITY-ST-ZIP	SANTA ROSA CA 95401	1.4 CITY-ST-ZIP	LINCOLNSHIRE, IL 60069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAASE, CARL A	2.2 NAME	STUBKJAER, ANDERS
STREET ADDRESS	640 PIEZZI RD	2.3 STREET ADDRESS	4531 TALL-OAKS LANE
CITY-ST-ZIP	SANTA ROSA CA 95401	2.4 CITY-ST-ZIP	ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	EDELEN, WILLIAM	3.2 NAME	
STREET ADDRESS	1460 WHITE OAK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	3.4 CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WHEATMAN, DAVID W	4.2 NAME	
STREET ADDRESS	2329 CIRCADIAN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: BONATHA R. ROYCE 1-28-99 707-527-6022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)