

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P02590 (8)**

1. Corporation Name
BESCO GRAPHIC SYSTEMS CORP.



Principal Place of Business: **5634 SOUTH 122ND EAST AVE., SUITE F TULSA OK 74146**
Mailing Address: **5634 SOUTH 122ND EAST AVE., SUITE F TULSA OK 74146**

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Suite, Apt. #, etc.		City & State	Mailing Address		Suite, Apt. #, etc.		City & State
Zip		Country	Zip		Country				

3. Date incorporated or Qualified 07/03/1984	3a. Date of Last Report 04/25/1995
4. FEI Number 06-1096536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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 607.0502 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROPP, LAWRENCE	1.2 NAME
STREET ADDRESS	1415 N DEARBORN	1.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP
TITLE	CD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROPP, DANIEL Z.	2.2 NAME
STREET ADDRESS	950 N MICHIGAN AVE.	2.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP
TITLE	VP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, DONNA	3.2 NAME
STREET ADDRESS	5634 S. 122ND E. AVE STE F	3.3 STREET ADDRESS
CITY-ST-ZIP	TULSA OK 14	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		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		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 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 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.

SIGNATURE: *Donna Collins* **VP** **2/8/96** **918-252-5570**

CR2E034 (12/95)