

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

APPROVED  
FILED

CORPORATION,  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
32399-0001

60 MAY - 1 JUN 95 07

DOCUMENT # **662387** (0)  
1. Corporation Name  
**ATLAS GENERAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business <b>1400 AMERICAN LN SCHAUMBURG IL 60196 US</b>		2a. Mailing Address <b>1400 AMERICAN LN SCHAUMBURG IL 60196 US</b>		3. Date Incorporated or Expired <b>05/05/1980</b>	3a. Date of Last Report <b>08/25/1994</b>
21. State of Incorporation	26. Mailing State	4. FE Number <b>59-2001311</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Company Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City & State	25. City & State	29. City & State		30. City & State	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HARTMAN, BRADLEY S 4000 HOLLYWOOD BLVD. SUITE 610 N. HOLLYWOOD FL 33021</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 219.01 and 219.02, Florida Statutes, the above named corporation sends this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby approved the appointment as registered agent. This change will be effective upon the filing of this statement with the Secretary of State, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Name of Registered Agent or person designated as such: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (FE)	
OFFICER	<b>PD DE FREITAS, PETER 1400 AMERICAN LN SCHAUMBURG IL</b>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICER	
STREET ADDRESS		OFFICER	
CITY & STATE		OFFICER	
OFFICER	<b>D BOLINDER, W.H. 1400 AMERICAN LANE SCHAUMBURG, IL 00000</b>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICER	
STREET ADDRESS		OFFICER	
CITY & STATE		OFFICER	
OFFICER	<b>D ALTER, L.J. 1400 AMERICAN LANE SCHAUMBURG, IL 00000</b>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICER	
STREET ADDRESS		OFFICER	
CITY & STATE		OFFICER	
OFFICER		OFFICER	
NAME		OFFICER	
STREET ADDRESS		OFFICER	
CITY & STATE		OFFICER	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, 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 a person or person's authorized representative to execute this report as required by Chapter 219, Florida Statutes, and that my name appears in Block 12 of this report. My signature is accompanied with an address.

SIGNATURE: *Lorey Alter*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (708) 605-6000