

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **805300** (1)

1. Corporation Name  
**PM AG PRODUCTS INCORPORATED**

MAY - 1 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **1055 W 175 ST  
HOMEWOOD IL 60430**  
Mailing Address: **1055 W 175 ST  
HOMEWOOD IL 60430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/06/1940**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		94-1189758		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature of Registered Agent (print name and title)

Signature of Registered Agent (print name and title)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ZIELINSKI, LAURA	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1055 W. 175TH ST	2. NAME	
STREET ADDRESS	HOMEWOOD IL	3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	V HILLIS, W. G.	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1055 W. 175TH ST	22. NAME	
STREET ADDRESS	HOMEWOOD IL	23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE	P REED, M.A.	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1055 W. 175TH ST	32. NAME	
STREET ADDRESS	HOMEWOOD IL	33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE	V MILLER, M.J.	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1055 W 175 ST	42. NAME	
STREET ADDRESS	HOMEWOOD IL	43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE	V COFFEY, R.L.	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5284 COUNCIL STREET NE	52. NAME	
STREET ADDRESS	CEDAR RAPIDS IA	53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE	AT HUNTER, J. R.	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 E ELDERADO ST	62. NAME	
STREET ADDRESS	DECATUR, IL	63. STREET ADDRESS	
CITY, ST, ZIP		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 110.07(3)(b), 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:

*John R. Hunter*

John R. Hunter

4/28/95

(217) 423-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number