

**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 # **805300** (1)  
1. Corporation Name  
**PM AG PRODUCTS INCORPORATED**



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

3. Date Incorporated or Qualified: **12/06/1940**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 17475 Jovanna**  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:  
2a. Mailing Address: **26 17475 Jovanna**  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

4. FEI Number: **94-1189758**  
Applied For: Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of the person who is to be registered as the registered agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Registered Agent: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>S</b>	<b>ZIELINSKI, LAURA</b> 1055 W. 175TH ST HOMEWOOD IL	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>V</b>	<b>HILLIS, W. G.</b> 1055 W. 175TH ST HOMEWOOD IL	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>P</b>	<b>REED, M.A.</b> 1055 W. 175TH ST HOMEWOOD IL	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>V</b>	<b>MILLER, M.J.</b> 1055 W 175 ST HOMEWOOD IL	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>V</b>	<b>COFFEY, R.L.</b> 5264 COUNCIL STREET NE CEDAR RAPIDS IA	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>AT</b>	<b>HUNTER, J. R.</b> 2200 E ELDERADO ST DECATUR, IL	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

11 TITLE: <b>17475 Jovanna</b>	12 NAME:	13 STREET ADDRESS: <b>17475 Jovanna</b>	14 CITY-ST-ZIP:
21 TITLE: <b>17475 Jovanna</b>	22 NAME:	23 STREET ADDRESS: <b>17475 Jovanna</b>	24 CITY-ST-ZIP:
31 TITLE: <b>17475 Jovanna</b>	32 NAME:	33 STREET ADDRESS: <b>17475 Jovanna</b>	34 CITY-ST-ZIP:
41 TITLE: <b>Daignault, G.R.</b>	42 NAME: <b>17475 Jovanna</b>	43 STREET ADDRESS: <b>17475 Jovanna</b>	44 CITY-ST-ZIP:
51 TITLE: <b>800001840818</b>	52 NAME: <b>-05/28/96--01033--032</b>	53 STREET ADDRESS: <b>***200.00</b>	54 CITY-ST-ZIP:
61 TITLE: <b>Charles A. Curry</b>	62 NAME:	63 STREET ADDRESS:	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 119.07(3)(c), 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: *Charles A. Curry* **Charles A. Curry** 4/26/96 (217) 423-4411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

5-1-96  
DEF