

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805300 (1)
 1. Corporation Name
PM AG PRODUCTS INCORPORATED



Principal Place of Business 17475 JOVANNA HOMEWOOD IL 60430	Mailing Address 17475 JOVANNA HOMEWOOD IL 60430-4623
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3. Date Incorporated or Qualified 12/06/1940	3a. Date of Last Report 05/01/1996
4. FEI Number 94-1189758	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	ZIELINSKI, LAURA
STREET ADDRESS	17475 JOVANNA
CITY - ST - ZIP	HOMEWOOD IL 60430
TITLE	V <input type="checkbox"/> DELETE
NAME	HILLIS, W. G.
STREET ADDRESS	17475 JOVANNA
CITY - ST - ZIP	HOMEWOOD IL 60430
TITLE	P <input type="checkbox"/> DELETE
NAME	REED, M.A.
STREET ADDRESS	17475 JOVANNA
CITY - ST - ZIP	HOMEWOOD IL 60430
TITLE	V <input type="checkbox"/> DELETE
NAME	DAIGNAULT, G.R.
STREET ADDRESS	17475 JOVANNA
CITY - ST - ZIP	HOMEWOOD IL 60430
TITLE	V <input type="checkbox"/> DELETE
NAME	COFFEY, R.L.
STREET ADDRESS	5284 COUNCIL STREET NE
CITY - ST - ZIP	CEDAR RAPIDS IA
TITLE	AT <input type="checkbox"/> DELETE
NAME	CURRY, CHARLES A.
STREET ADDRESS	2200 E ELDORADO ST
CITY - ST - ZIP	DECATUR, IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Charles A. Curry **Charles A. Curry** 4/25/97 217 - 423-4411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)