

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 807216 (7)**

1. Corporation Name  
**AM INTERNATIONAL, INC.**

**APPROVED  
AND  
FILED**

**05 MAY -1 AM 3:57**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1800 W. CENTRAL  
MOUNT PROSPECT IL 60056** **1800 W. CENTRAL  
MOUNT PROSPECT IL 60056**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	9399 Higgins	25	9399 Higgins	12/10/1946	04/26/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
9th Fl.		9th Fl.		34-0054940	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Rosemont IL		Rosemont IL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Trust Fund Contribution		Trust Fund Contribution		<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	60018	25	COOK	29	60018
26	COOK	30	COOK		

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

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANGREMOND, ROEBRT	1.2 NAME	
STREET ADDRESS	1800 W. CENTRAL	1.3 STREET ADDRESS	Jerome Brady
CITY-ST-ZIP	MT PROSPECT IL	1.4 CITY-ST-ZIP	9399 Higgins 9th Fl Rosemont IL 60018
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, THOMAS D.	2.2 NAME	
STREET ADDRESS	1800 W. CENTRAL	2.3 STREET ADDRESS	9399 Higgins 9th Fl
CITY-ST-ZIP	MT. PROSPECT IL	2.4 CITY-ST-ZIP	Rosemont IL 60018
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARP, THERESA	3.2 NAME	
STREET ADDRESS	1800 W. CENTRAL	3.3 STREET ADDRESS	9399 Higgins 9th Fl
CITY-ST-ZIP	MT PROSPECT IL	3.4 CITY-ST-ZIP	Rosemont IL 60018
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, GEORGE H	4.2 NAME	delete
STREET ADDRESS	1800 W CENTRAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT PROSPECT IL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBLE, MORTON	5.2 NAME	Secretary
STREET ADDRESS	1800 W. CENTRAL	5.3 STREET ADDRESS	Skoe Andrews
CITY-ST-ZIP	MT PROSPECT IL	5.4 CITY-ST-ZIP	9399 Higgins 9th Fl Rosemont IL 60018
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 110.07(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: T. KARP 7/25/95 (707) 685-2530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER