

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 1:12

DOCUMENT # 819656 (0)

1. Corporation Name
GEORGE M. O'NEILL CORPORATION

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: **1397 TIMBER DR. ELGIN IL 60123 US**
Mailing Address: **C/O THEODORE N. SCHMELL, JR. 1250 LARKIN AVE. 2ND FL ELGIN IL 60123 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1966	3a. Date of Last Report 02/15/1994
21		26		4. FEI Number 36-2583732	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. 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		
				85	Zip Code		
				FL			

11. Pursuant to the provisions of Sections 607.0602 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 of agent, date) (NOTE: Registered Agent signature required after recording) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, GEORGE M.	2. NAME	
STREET ADDRESS	1397 TIMBER DR	3. STREET ADDRESS	
CITY, ST, ZIP	ELGIN IL	4. CITY, ST, ZIP	
TITLE	SD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, CHARLOTTE F.	22. NAME	
STREET ADDRESS	1397 TIMBER DR.	23. STREET ADDRESS	
CITY, ST, ZIP	ELGIN IL	24. CITY, ST, ZIP	
TITLE	VD	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEDERT, GEORGE	32. NAME	None
STREET ADDRESS	1397 TIMBER DR.	33. STREET ADDRESS	None
CITY, ST, ZIP	ELGIN IL	34. CITY, ST, ZIP	None
TITLE	PD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, FURMAN	42. NAME	
STREET ADDRESS	1397 TIMBER DR.	43. STREET ADDRESS	
CITY, ST, ZIP	ELGIN IL	44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		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(1)(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 person or persons empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an alternate with an addition.

SIGNATURE: *Furman O'Neill* **Furman O'Neill, President** **2/7/95** (708) 697-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR