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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 828257 (6)
1. Corporation Name
THE MARTIN-BROWER COMPANY

Principal Place of Business Mailing Address
4800 S AUSTIN AVE P.O. BOX 5919 CHICAGO IL 60638
4800 S AUSTIN AVE P.O. BOX 5919 CHICAGO IL 60638

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
07/10/1972 02/01/1994
4. FEI Number Applied For
36-2749105 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME HELLER, H.A.
STREET ADDRESS 1111 E. TOUHY AVENUE
CITY-ST-ZIP DES PLAINES IL
TITLE SVP
NAME MALCHOW, D.M.
STREET ADDRESS 1111 E TOUHY AVE
CITY-ST-ZIP DES PLAINES FL
TITLE EVP
NAME ADZIA, D.J.
STREET ADDRESS 1111 E. TOUHY AVENUE
CITY-ST-ZIP DES PLAINES IL
TITLE SVP
NAME WINTON, J.C.
STREET ADDRESS 4800 SOUTH AUSTIN
CITY-ST-ZIP CHICAGO IL
TITLE VP
NAME KEMP, JOHN H
STREET ADDRESS 1111 E TOUHY AVE
CITY-ST-ZIP DES PLAINES IL
TITLE VAS
NAME NOONAN, GERALD E
STREET ADDRESS 4800 S AUSTIN AVE
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE T Change Addition
1.2 NAME WILLIAM J. ROCKELMANN
1.3 STREET ADDRESS 4800 SOUTH AUSTIN AVENUE
1.4 CITY-ST-ZIP CHICAGO IL 60638
2.1 TITLE PD Change Addition
2.2 NAME
2.3 STREET ADDRESS 1020 W. 31ST STREET
2.4 CITY-ST-ZIP DOWNERS GROVE, IL 60515
3.1 TITLE VP 5 Change Addition
3.2 NAME RAYMOND S. SEIBERT
3.3 STREET ADDRESS 1020 W. 31ST STREET
3.4 CITY-ST-ZIP DOWNERS GROVE, IL 60515
4.1 TITLE ASD Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 60638
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS 1020 W. 31ST STREET
5.4 CITY-ST-ZIP DOWNERS GROVE, IL 60515
6.1 TITLE VP Change Addition
6.2 NAME ROBERT YAKSICH
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 60638

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)(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: *William J. Rockelmann* Treasurer 4-20-95 205/496-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Title)