

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 828257 (6)

1. Corporation Name
THE MARTIN-BROWER COMPANY



Principal Place of Business 333 EAST BUTTERFIELD ROAD SUITE 500 LOMBARD IL 60148-5641 US	Mailing Address 333 EAST BUTTERFIELD ROAD SUITE 500 LOMBARD IL 60148-5641 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 07/10/1972	4. FEI Number 36-2749105	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Y	<input type="checkbox"/> DELETE
NAME	ROCKELMANN, WILLIAM J	
STREET ADDRESS	333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	LOMBARD IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALCHOW, D.M.	
STREET ADDRESS	333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	LOMBARD IL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	SEIBERT, RAYMOND S	
STREET ADDRESS	333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	LOMBARD IL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	WINTON, J.C.	
STREET ADDRESS	333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	LOMBARD IL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	SPOERL, STEVEN H	
STREET ADDRESS	333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	LOMBARD IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YAKSICH, ROBERT	
STREET ADDRESS	333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	LOMBARD 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	<input 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 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: *[Signature]* V.P. 1/15/98 (630)271-8300

CR2E034 (10/97)