Applied For

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 829814

1. Corporation Name

APV NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

525 W. BRYN MAWR AVENUE POSEMONT IL 60018

2. Principal Place of Business

9525 W. BRYN MAWR AVENUE ROSEMONT IL 60018

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90020 015 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/30/1973

4. FEI Number

7		26						36-2759592		lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
2		27						5. Certificate of Status Desired	Fee F	Required
_ City & State	9	1	- City & State					6. Election Campaign Financing	\$5.00	May Be
3						Trust Fund Contribution	Added	to Fees		
Zip Country Zip					Country			8. This corporation owes the current year In-	. ~	_
25 29 3					0			Personal Property Tax.	Yes	No
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					81	Name				
					82 Street Addr			is (P.O. Box Number is Not Acceptable)		<u> </u>
PLANTATION FL 33324										
					84	City			85 Zip	Code
		-				Oity		FL	. -,	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statute	s, the a	bove	-named	corpor	ation submits this statement for the purpose of	changing i	ts registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florions of	ta. Such change was au . Section 607.0505. Flori	tnorized da Stati	ı Dy 1 ⊔tes.	ne corpo	oration'	s board of directors. I hereby accept the appo	nunent as i	chsielen
SIGNATURE	Signature, typed or printed name of registered agent a	ınd title	if applicable (NOTE: I	Registered	Agent	signature re	aquired w	when reinstating) DATE		····
2.	OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OFFICERS A		
TLE	S	· , DELETE		1.1 Π				sident; Director	☐ Change	Addition
AME	LEWIS, A. PAUL	/IS, A. PAUL			ME	John K. Harts worm				
TREET ADDRESS	9525 W BRYN MAWR AVE			1.3 \$1	1.3 STREET ADDRESS 95		950	25 W. Bryn Maw.		
ITY-ST-ZIP	ROSEMONT IL			1.4 CI	1.4 CITY-ST-ZIP		Ros	semont, IL 60018		
TLE	VD DELETE			2.1 π			VP		Change Change	Addition
AME	SHUR, IRWIN			2.2 NA	ME	Ì	A.	Paul Lewis		
TREET ADDRESS:	9525 W BRYN MAWR AVE			2.3 \$1	REET	ADDRESS	95	ras w. Bryn Maws		
ITY-ST-ZIP	ROSEMONT IL			2.4 C	ITY-\$1	r-ZIP	Ro	sement IL 600/8		
TLE -			DELETE	'3.1 Π			-50		Change	Addition
AME.				3.2 N	ME		\mathcal{I}	rwin O'm. Shut	•	
TREET ADDRESS				3.3 \$1	REET	ADDRESS		525 W. Bryn Maw	~	
iTY-ST-ZIP					TY-SI	Į.		ose mont, IL 6001		
TLE			☐ DELETE	4.1 TI				easurer - Director	Change	Addition
AME				4. 2 N	AME	ľ		ichael 6. Drennan		•
TREET ADDRESS						ADDRESS	95	Tas W Bryn Maws		
TY-ST-ZIP					TY-ST		Ŕ	esement, IL GOOLB		•
TLE			☐ DELETE	5.1 TI			·		☐ Change	Addition
4ME				5.2 N						
TREET ADDRESS	}			5.3 S1	REET	ADDRESS				
TY-ST-ZIP				5.4 CI	TY-ST	-ZIP				
TLE	 		☐ DELETE	6.1 TT					☐ Change	Addition
				6.2 N	ME	-			_ ,	_
ME DEET ADDRESS				1		ADORESS				
REET ADDRESS					TY-ST					
TY-ST-ZIP				0.4 CI	11-01	- 417				

4. 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 of 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 chan attachment with an address, with all other like empowered.

SIGNATURE: