

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **832102** (8)
1. Corporation Name: **R.T. MILORD CO.**



Principal Place of Business: **9801 S. INDUSTRIAL DRIVE BRIDGEVIEW IL 60455**
Mailing Address: **9801 S. INDUSTRIAL DRIVE BRIDGEVIEW IL 60455**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1974	3a. Date of Last Report 05/10/1995
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 36-2355396	Applied For Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MILORD, JEROME F 3600 S CONGRESS AVE I BOYNTON BCH. FL 33426				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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: _____ (NOTE: Registered Agent Signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, JEROME	1.2 NAME	
STREET ADDRESS	3600 S CONGRESS AVE I	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BCH. FL	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, PAUL J	2.2 NAME	
STREET ADDRESS	9801 S INDUSTRIAL DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BRIDGEVIEW, IL 00000	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, WILLIAM F	3.2 NAME	
STREET ADDRESS	3600 S CONGRESS AVE I	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, KEVIN T.	4.2 NAME	
STREET ADDRESS	9801 SO. INDUSTRIAL DR.	4.3 STREET ADDRESS	VSD
CITY-STATE-ZIP	BRIDGEVIEW IL	4.4 CITY-STATE-ZIP	Kevin T. Milord
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, MICHAEL R	5.2 NAME	9801 S. Industrial Drive
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	5.3 STREET ADDRESS	Bridgeview, IL 60455
CITY-STATE-ZIP	BRIDGEVIEW IL	5.4 CITY-STATE-ZIP	VD
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	James R. Dalton
STREET ADDRESS		6.3 STREET ADDRESS	9801 S. Industrial Drive
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Bridgeview, IL 60455

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: _____ Date: **2/2/96** Daytime Phone #: **708-598-7900**

CR2E034 (12/95)