

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

**FILED**  
**Feb 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 832102 (8)**

1. Corporation Name  
**R.T. MILORD CO.**

Principal Place of Business <b>9801 S. INDUSTRIAL DRIVE                  BRIDGEVIEW IL 60455</b>	Mailing Address <b>9801 S. INDUSTRIAL DRIVE                  BRIDGEVIEW IL 60455</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/03/1974</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>36-2355396</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MILORD, JEROME F  
 3800 S CONGRESS AVE I  
 BOYNTON BCH. FL 33426**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILORD, JEROME	
STREET ADDRESS	3800 S CONGRESS AVE I	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILORD, PAUL J	
STREET ADDRESS	9801 S INDUSTRIAL DR	
CITY-ST-ZIP	BRIDGEVIEW, IL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILORD, WILLIAM F	
STREET ADDRESS	3800 S CONGRESS AVE I	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MILORD, KEVIN T.	
STREET ADDRESS	9801 SO. INDUSTRIAL DR.	
CITY-ST-ZIP	BRIDGEVIEW IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS, MICHAEL R	
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILORD, PHILIP J	
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW 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]*

2-16-98

CR2E034 (10/97)