


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 832102**  
 1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-2355396</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MILORD, JEROME F  
 3600 S CONGRESS AVE I  
 BOYNTON BCH., FL 33426**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILORD, JEROME 3600 S CONGRESS AVE I BOYNTON BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILORD, PAUL J 9801 S INDUSTRIAL DR BRIDGEVIEW, IL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILORD, WILLIAM F 3600 S CONGRESS AVE I BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MILORD, KEVIN T. 9801 SO. INDUSTRIAL DR. BRIDGEVIEW, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMAS, MICHAEL R 9801 S INDUSTRIAL DRIVE BRIDGEVIEW, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILORD, PHILIP J 9801 S INDUSTRIAL DRIVE BRIDGEVIEW, IL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **2-6-04** **708-598-7900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #