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 # **844529** **(8)**

1. Corporation Name

ESCAST, INC.

Principal Place of Business	Mailing Address
ONE TANTALUM PLACE ATTN: STATE TAX ADMINISTRATOR NORTH CHICAGO IL 60064	ONE TANTALUM PLACE ATTN: STATE TAX ADMINISTRATOR NORTH CHICAGO IL 60064

3. Date Incorporated or Qualified: **11/05/1979**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **36-3038198** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	MANNING, P.J.		1.2 NAME	McENTEE, R.M.	
STREET ADDRESS	21 NORTH CHURCH ST		1.3 STREET ADDRESS	One Tantalum Place	
CITY-ST-ZIP	ADDISON IL		1.4 CITY-ST-ZIP	North Chicago, IL 60064	
TITLE	V	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	REIMER, R.I.		2.2 NAME	FRAHER, L.S.	
STREET ADDRESS	21 NORTH CHURCH STREET		2.3 STREET ADDRESS	21 North Church Street	
CITY-ST-ZIP	ADDISON IL		2.4 CITY-ST-ZIP	Addison, IL 60101	
TITLE	T	☒ DELETE	3.1 TITLE	AS	☐ Change ☒ Addition
NAME	NESS, M.O.		3.2 NAME	R. R. COMPERNOLLE	
STREET ADDRESS	21 NORTH CHURCH ST		3.3 STREET ADDRESS	One Tantalum Place	
CITY-ST-ZIP	ADDISON IL		3.4 CITY-ST-ZIP	North Chicago, IL 60064	
TITLE	DAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCENTEE, R.M.		4.2 NAME		
STREET ADDRESS	ONE TANTALUM PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARRITY, K.R.		5.2 NAME		
STREET ADDRESS	ONE TANTALUM PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOCNIAK, M. J.		6.2 NAME		
STREET ADDRESS	ONE TANTALUM PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH CHICAGO IL		6.4 CITY-ST-ZIP		

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)(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: R M Mc Entee R. M. McEntee 4/25/96 (847) 689-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)