

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

**FILED**  
**Apr 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 850759 (2)**  
 1. Corporation Name  
**INTERMATIC INCORPORATED**



Principal Place of Business: **INTERMATIC PLAZA SPRING GROVE IL 60081**  
 Mailing Address: **INTERMATIC PLAZA SPRING GROVE IL 60081**

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-29)  
 3. Date incorporated or Qualified: **10/20/1981**  
 3a. Date of Last Report: **04/29/1996**  
 4. FEI Number: **36-1265490**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$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 (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0506, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VTS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOHN, JAMES R</b>	1.2 NAME	
STREET ADDRESS	<b>INTERMATIC PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING GROVE IL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINNEY, DOUGLAS SR.</b>	2.2 NAME	
STREET ADDRESS	<b>INTERMATIC PLAZA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING GROVE, IL 0</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VINYARD, LEON E</b>	3.2 NAME	
STREET ADDRESS	<b>INTERMATIC PLAZA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING GROVE, IL 00000</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Sandra B. Mortham* 3/24/97 (815) 675-2321  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Home #

CR2E034 (9/96)