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**May 13 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 # 855550

(0)

1. Corporation Name
CBI NA-CON, INC.



Principal Place of Business
**800 JORIE BLVD. OAK BROOK, IL 60522-7001
P.O. BOX 5650
NORCROSS GA 30091-5650**

Mailing Address
**800 JORIE BLVD
OAK BROOK IL 60521-2216**

3. Date Incorporated or Qualified 02/16/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3046868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1501 North Division Suite, Apt. #, etc.	26 1501 North Division Suite, Apt. #, etc.
22 City & State	27 City & State
23 Plainfield, IL	28 Plainfield, IL
24 Zip 60544 25 Country Will	29 Zip 60544 30 Country Will

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President/ Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIMANN, D.E. <input checked="" type="checkbox"/> DELETE	1.2 NAME	Robert A. Long
STREET ADDRESS	287 STONEY CREEK	1.3 STREET ADDRESS	30 Moring Arbor Place
CITY-ST-ZIP	HOUSTON TX 77024	1.4 CITY-ST-ZIP	The Woodlands, Tx 77381
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	V.P. Asst. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATELY, W	2.2 NAME	
STREET ADDRESS	890 FAIRBANKS	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77064	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADINGER, T.L.	3.2 NAME	
STREET ADDRESS	501 DEVON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BORR RIDGE IL 60501	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVRIL, G.L.	4.2 NAME	
STREET ADDRESS	813 S. QUINCY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL	4.4 CITY-ST-ZIP	
TITLE	V.P. Treasurer / Director <input type="checkbox"/> DELETE Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy J. Wiggins	5.2 NAME	
STREET ADDRESS	2505 Hanford Lane	5.3 STREET ADDRESS	
CITY-ST-ZIP	Aurora, IL 60504	5.4 CITY-ST-ZIP	
TITLE	Chairman/ Director <input type="checkbox"/> DELETE Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald M. Glenn	6.2 NAME	
STREET ADDRESS	413 West Walnut	6.3 STREET ADDRESS	
CITY-ST-ZIP	Hinsdale, IL 60521	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 *[Handwritten Signatures]*

CR2E034 (9/96)

CBI NA-CON, INC.

OFFICERS AND DIRECTORS

<u>SSN</u>	<u>OFFICERS</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>BUSINESS ADDRESS</u>
251-68-7281	GERALD M. GLENN	11/1/86 CHAIRMAN/ DIRECTOR	413 WEST WALNUT HINSDALE, IL 60521	1501 N. DIVISION STREET PLAINFIELD, IL 60521
421-58-3712	ROBERT A LONG	2/1/86 PRESIDENT/ DIRECTOR	30 MORNING ARBOR PLACE THE WOODLANDS, TX 77381	8900 FARBANKS NORTH HOUSTON ROAD HOUSTON, TX 77064
385-62-3116	TIMOTHY J. WIGGINS	11/1/86 VICE PRESIDENT/ TREASURER/ DIRECTOR	2505 HANFORD LANE AURORA, IL 60504	1501 N. DIVISION STREET PLAINFIELD, IL 60521
438-84-1467	WILLIAM GATELY	2/1/86 VICE PRESIDENT/ ASST TREASURER	30 WEST ROCK WING THE WOODLANDS, TX 77381	8900 FARBANKS NORTH HOUSTON ROAD HOUSTON, TX 77064
360-38-6316	GARY L. AVRIL	2/1/86 SECRETARY	813 S. QUINCY HINSDALE, IL 60521	1501 N. DIVISION STREET PLAINFIELD, IL 60521
047-46-9274	THOMAS L ALDINGER	2/1/86 DIRECTOR	501 DEVON DRIVE BURR RIDGE, IL 60521	1501 N. DIVISION STREET PLAINFIELD, IL 60521

EFFECTIVE 11/1/86
W.GALATY