

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000213 (8)**

1. Corporation Name  
**NUARC COMPANY, INC.**



Principal Place of Business: **6200 W. HOWARD ST. NILES IL 60714-3404 US**  
Mailing Address: **6200 W. HOWARD ST. NILES IL 60714-3404 US**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **01/14/1994**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **36-2117765**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.050 and 607.1509, Florida Statutes, the above-named corporation submit 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 607.0509, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
12. NAME	PTD WEISMAN, HENRY	13. NAME	P Donald V. Cimarusti	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	6200 W. HOWARD ST.	13 STREET ADDRESS	6200 W. Howard Street		
CITY, ST, ZIP	NILES IL	14 CITY, ST, ZIP	Niles, IL 60714-3404	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	S	14 CITY, ST, ZIP	V,S		
NAME	EPIFANO, ROBERT J	22 NAME	Barbara W. Morgenstern	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	6200 W. HOWARD ST.	22 STREET ADDRESS	6200 W. Howard Street		
CITY, ST, ZIP	NILES IL	24 CITY, ST, ZIP	Niles, IL 60714-3404	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE		32 NAME	Joseph M. Dixler	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		32 STREET ADDRESS	6200 W. Howard Street		
STREET ADDRESS		34 CITY, ST, ZIP	Niles, IL 60714-3404	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY, ST, ZIP		42 NAME			
TITLE		42 STREET ADDRESS			
NAME		44 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		52 NAME			
CITY, ST, ZIP		52 STREET ADDRESS			
TITLE		54 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		62 NAME			
STREET ADDRESS		62 STREET ADDRESS			
CITY, ST, ZIP		64 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(a), 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 member of the corporation or the registrar 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 attached sheet with my signature.

SIGNATURE: *Donald V. Cimarusti* Donald V. Cimarusti 2-23-96 847-967-4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)