


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90017 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002043

1. Corporation Name
**JOHN BEAN COMPANY NAME CHANGED TO:
 IOSC HOLDINGS, INC**



Principal Place of Business 309 EXCHANGE AVENUE CONWAY AS 72032	Mailing Address 309 EXCHANGE AVENUE 10801 CORPORATE DR. CONWAY AS 72032 PLEASANT PRAIRIE, WI 53158-1603
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] Country
24 []	29 []
25 []	30 []

3. Date Incorporated or Qualified 04/24/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 36-4070294	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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	P <input type="checkbox"/> DELETE
NAME	MILLER, JOHN J JR
STREET ADDRESS	309 EXCHANGE AVENUE
CITY-ST-ZIP	CONWAY AS
TITLE	T <input type="checkbox"/> DELETE
NAME	LOVERINE, DENIS J
STREET ADDRESS	309 EXCHANGE AVENUE
CITY-ST-ZIP	CONWAY AS
TITLE	S <input type="checkbox"/> DELETE
NAME	MARRINAN, SUSAN F
STREET ADDRESS	309 EXCHANGE AVENUE
CITY-ST-ZIP	CONWAY AS
TITLE	CD <input type="checkbox"/> DELETE
NAME	BERONJA, BRANKO M
STREET ADDRESS	309 EXCHANGE AVENUE
CITY-ST-ZIP	CONWAY AS
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SCHEDULE ATTACHED
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  **JEFFREY N. EGGEET** 4-23-99 (414) 656-5200
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)

OFFICERS - IDSC HOLDINGS, INC. (JBC)

475607-90017-20
F96000002643

DALE F. ELLIOTT
PRESIDENT

SUSAN F. MARRINAN
SECRETARY

DONALD S. HUML
VICE PRESIDENT

JEFFREY N. EGGERT
TREASURER

DIRECTORS

DONALD S. HUML

ADDRESS FOR ALL OFFICERS & DIRECTORS

10801 CORPORATE DRIVE
PLEASANT PRAIRIE, WI 53158-1603
