

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P06923 (7)

1. Corporation Name
CBI SERVICES, INC.



Principal Place of Business: 800 JORIE BOULEVARD OAK BROOK IL 60522-4001
Mailing Address: 800 JORIE BOULEVARD OAK BROOK IL 60522-4001

3. Date Incorporated or Qualified: 07/30/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 36-3369071
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

2. Principal Place of Business (21-23)
2a. Mailing Address (26-30)

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: BREWER, J.N. STREET ADDRESS: 165 CHESTNUT DR. CITY-ST-ZIP: FRANKFORT IL	<input type="checkbox"/> DELETE	1.1 TITLE: Director 1.2 NAME: SCOTT A. KLAPT 1.3 STREET ADDRESS: 305 WILD BERRY LANE 1.4 CITY-ST-ZIP: BARTLETT, IL 60103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: RUSSELL, R.S. STREET ADDRESS: 211 RYAN CT CITY-ST-ZIP: ARLINGTON HGTS IL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: DUNMEYER, J.F. STREET ADDRESS: 130 OAK RIDGE DR CITY-ST-ZIP: BURR RIDGE IL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: AKIN, L. E. STREET ADDRESS: 8221 LAKE RIDGE DR CITY-ST-ZIP: BURR RIDGE IL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HAGSTROM, J STREET ADDRESS: 317 HUDSON AVE CITY-ST-ZIP: CLARENDON HILLS IL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KRAPP, S.A. STREET ADDRESS: 305 WILDBERRY LANE CITY-ST-ZIP: BARTLETT IL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. Russell 4/26/96 (708) 572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE - FILING

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P06923

2-2

CBI SERVICES, INC.
OFFICERS AND DIRECTORS

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
* James N. Brewer	President	165 Chestnut Dr. Frankfort, IL 60423
* Gerald M. Glenn	Director and Chairman	
* Jon Hagstrom 010-30-1171	Director	317 Hudson Avenue Clarendon Hills, IL 60514
* Scott A. Krapf 351-52-2209	Director	305 Wildberry Ln. Bartlett, IL 60103
R. Scott Russell 340-48-6839	Secretary	211 Ryan Court Arlington Hgts., IL 60005
John F. Dunmyer 423-58-4057	Vice President and Treasurer	130 Oak Ridge Drive Burr Ridge, IL 60521
John A. Nebrensky 324-40-0775	Assistant Secretary	40 N. Tower Road #11F Oak Brook, IL 60521
* W. Yakich	Vice President	

Business address for all of the above:

CBI Services, Inc.
800 Jorie Blvd
Oak Brook, IL 60521-2268

* Denotes Director

Effective February, 1996