

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

FILED
May 12 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 # **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 60521-2216**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21	1501 North Division	26	1501 North Division	07/30/1985	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				36-3369071	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Plainfield, IL	28	Plainfield, IL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	60544		60544	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		
	Will		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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BREWER, J.N.	1.2 NAME	
STREET ADDRESS	165 CHESTNUT DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FRANKFORT IL	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S RUSSELL, R.S.	2.2 NAME	
STREET ADDRESS	211 RYAN CT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ARLINGTON HGTS IL	2.4 CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT DUNMEYER, J.F.	3.2 NAME	Treasurer
STREET ADDRESS	130 OAK RIDGE DR	3.3 STREET ADDRESS	Dennis Planic
CITY-STATE-ZIP	BURR RIDGE IL	3.4 CITY-STATE-ZIP	St. Gerorge Road
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KLART, SCOTT A	4.2 NAME	Bourbonnais, IL 60914
STREET ADDRESS	305 WILD BERRY CIR. NE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	BANTLETT IL 60103	4.4 CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HAGSTROM, J	5.2 NAME	Director
STREET ADDRESS	317 HUDSON AVE	5.3 STREET ADDRESS	Gerald M. Glenn
CITY-STATE-ZIP	CLARENDON HILLS IL	5.4 CITY-STATE-ZIP	413 West Walnut
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KRAPP, S.A.	6.2 NAME	Hinsdale, IL 60521
STREET ADDRESS	305 WILDBERRY LANE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	BARTLETT IL	6.4 CITY-STATE-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: *R. Russell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

CBI SERVICES, INC.

OFFICERS AND DIRECTORS

OFFICERS

TITLE

ADDRESS

JAMES N. BREWER
SSN # 464-46-6453

2/1/96 PRESIDENT /
DIRECTOR

165 CHESTNUT DRIVE
FRANKFORT, IL 60423

DENNIS PLANIC
SSN # 346-40-3710

1/1/97 TREASURER

ST. GEORGE ROAD
BOURBONNAIS, IL 60914

R. SCOTT RUSSELL
SSN # 340-48-6839

2/1/96 SECRETARY

211 RYAN COURT
ARLINGTON HEIGHTS, IL 60005

GERALD M. GLENN
SSN# 251-68-7281

1/1/96 DIRECTOR

413 WEST WALNUT
HINSDALE, IL 60521

EFFECTIVE 10/1996
W.GALATY