

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 4: 37

DOCUMENT # P11685 (5)

1. Corporation Name  
FLEETWOOD SYSTEMS, INC.

Principal Place of Business Mailing Address  
621 E. PLAINFIELD ROAD 621 E. PLAINFIELD ROAD  
COUNTRYSIDE IL 60525 COUNTRYSIDE IL 60525

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/06/1986 3b. Date of Last Report 05/01/1994

4. FBI Number 36-2441641 Applied For Not Applicable

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST.  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent sign when requested when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME MOJDEN, WALLACE W.  
STREET ADDRESS 403 WARREN TERRACE  
CITY-ST-ZIP HINSDALE IL

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE PD  
NAME MOJDEN, ANDREW E.  
STREET ADDRESS 223 MAPLE  
CITY- ST- ZIP HINSDALE IL

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

TITLE STD  
NAME CARLSON, LAWRENCE S.  
STREET ADDRESS 2192 ROMM  
CITY- ST- ZIP SCHAUMBURG IL

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE D  
NAME GROSSMANN, ROBERT M.  
STREET ADDRESS 105 E. FIRST STREET  
CITY- ST- ZIP HINSDALE IL

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

TITLE VD  
NAME MOJDEN, DANIEL  
STREET ADDRESS 83 BONNIE LN  
CITY- ST- ZIP CLARENDON HILLS IL

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address).

SIGNATURE: *Lawrence S. Carlson* LAWRENCE S. CARLSON Secretary 1/12/95 708-482-9196  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Typed Name)