


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90029 050 ***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 # P31046
 1. Corporation Name
FELLOWS MANUFACTURING COMPANY

Principal Place of Business 1789 NORWOOD AVE ITASCA IL 60143	Mailing Address 1789 NORWOOD AVE ITASCA IL 60143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/25/1990	4. FEI Number 36-0770670	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	FELLOWS, JOHN E.	
STREET ADDRESS	1789 NORWOOD AVE.	
CITY-ST-ZIP	ITASCA IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FELLOWS, JAMES E.	
STREET ADDRESS	1789 NORWOOD AVE.	
CITY-ST-ZIP	ITASCA IL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FELLOWS, PETER	
STREET ADDRESS	1789 NORWOOD AVE.	
CITY-ST-ZIP	ITASCA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN	
STREET ADDRESS	1789 NORWOOD AVE	
CITY-ST-ZIP	ITASCA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COMPAGNO, ROBERT L	
STREET ADDRESS	1789 NORWOOD AVE.	
CITY-ST-ZIP	ITASCA IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KOCH, JOSEPH T.	
STREET ADDRESS	1789 NORWOOD AVE	
CITY-ST-ZIP	ITASCA IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FELLOWS, JOHN E.	
1.3 STREET ADDRESS	1789 NORWOOD AVE.	
1.4 CITY-ST-ZIP	ITASCA IL 60143	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FELLOWS, JAMES E.	
2.3 STREET ADDRESS	1789 NORWOOD AVE.	
2.4 CITY-ST-ZIP		
3.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FELLOWS, PETER A.	
3.3 STREET ADDRESS	1789 NORWOOD AVE.	
3.4 CITY-ST-ZIP	ITASCA IL 60143	
4.1 TITLE		<input 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)(l), 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: _____ SIGNATURE REQUIRED

Mar. 16, 1999 (630) 893-1600

Date Daytime Phone #

CR2E034 (11/98)