

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -5 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P32482 (2)**

1. Corporation Name  
**KOMET OF AMERICA, INC.**

Principal Place of Business: **2050 MITCHELL BOULEVARD SCHAUMBURG IL 60193-4544 US**  
Mailing Address: **2050 MITCHELL BOULEVARD SCHAUMBURG IL 60193-4544 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/15/1991	02/01/1994
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FEI Number	Added For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		7. The corporation has liability for a liability tax under § 199.002 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(2), 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 607.06(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, U. V.</b>	17 NAME	
STREET ADDRESS	<b>2050 MITCHELL BLVD</b>	17 STREET ADDRESS	
CITY, ST., ZIP	<b>SCHAUMBURG IL</b>	17 CITY, ST., ZIP	
TITLE	<b>VTS</b>	18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIEFER, RICHARD</b>	18 NAME	
STREET ADDRESS	<b>2050 MITCHELL BLVD</b>	18 STREET ADDRESS	
CITY, ST., ZIP	<b>SCHAUMBURG IL</b>	18 CITY, ST., ZIP	
TITLE	<b>D</b>	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUENDLEIN, WERNER</b>	19 NAME	
STREET ADDRESS	<b>2050 MITCHELL BLVD</b>	19 STREET ADDRESS	
CITY, ST., ZIP	<b>SCHAUMBURG IL</b>	19 CITY, ST., ZIP	
TITLE	<b>D</b>	20 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOEGER, PETER</b>	20 NAME	
STREET ADDRESS	<b>2050 MITCHELL BLVD</b>	20 STREET ADDRESS	
CITY, ST., ZIP	<b>SCHAUMBURG IL</b>	20 CITY, ST., ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		21 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST., ZIP		21 CITY, ST., ZIP	
TITLE		22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		22 STREET ADDRESS	
CITY, ST., ZIP		22 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am not qualified for the registration stated in Section 199.07(1)(b), Florida Statutes. I further certify that the officers and directors named on this annual report or registration filed are qualified and are not disqualified and that my resignation shall have the same legal effect as if it were given with that person's office or director of the corporation or the receiver or trustee or assignee of the corporation or the receiver of the corporation, and that my resignation appears in Block 12 or Block 13 of this report or registration filed with an address.

SIGNATURE: Richard Kiefer **6/15/95 (309) 924-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)