

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32482** (2)

1. Corporation Name
KOMET OF AMERICA, INC.



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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. City & State
23. Zip
25. Country

3. Date Incorporated or Qualified: **01/15/1991**
3a. Date of Last Report: **07/05/1995**
4. FEI Number: **36-3195586**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	P	<input type="checkbox"/> DELETE
11.2 NAME	MARTIN, U. V.	
11.3 STREET ADDRESS	2050 MITCHELL BLVD SCHAUMBURG IL	
11.4 CITY, ST, ZIP	VTS	
11.1 TITLE	VTS	<input type="checkbox"/> DELETE
11.2 NAME	KIEFER, RICHARD	
11.3 STREET ADDRESS	2050 MITCHELL BLVD SCHAUMBURG IL	
11.4 CITY, ST, ZIP	D	<input checked="" type="checkbox"/> DELETE
11.1 TITLE	D	
11.2 NAME	MUENDLEIN, WERNER	
11.3 STREET ADDRESS	2050 MITCHELL BLVD SCHAUMBURG IL	
11.4 CITY, ST, ZIP	D	<input type="checkbox"/> DELETE
11.1 TITLE	D	
11.2 NAME	HOEGER, PETER	
11.3 STREET ADDRESS	2050 MITCHELL BLVD SCHAUMBURG IL	
11.4 CITY, ST, ZIP	D	<input type="checkbox"/> DELETE
11.1 TITLE	D	
11.2 NAME		
11.3 STREET ADDRESS		
11.4 CITY, ST, ZIP		
11.1 TITLE		<input type="checkbox"/> DELETE
11.2 NAME		
11.3 STREET ADDRESS		
11.4 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	GERHARD SCHNER	
13.3 STREET ADDRESS	2050 MITCHELL BLVD	
13.4 CITY, ST, ZIP	SCHAUMBURG, IL	
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RICHARD KIEFER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (708) 924-8400
Original Filing #

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