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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	NAPHEIDE MFG. CO.	b (9)				11 88 111 8 1 11 8 18 1 118 8		
Principal Plac	e of Business	Mailing Address		-			 	AND FIRM IARD
j '	PHALIA STRASSEE	P.O. BOX 7140		- 1				
QUINCY IL 6		QUINCY IL 62305						
US		US		L		NOT WRITE IN	THIS SPACE	
					3. Date incorporated 08/26/1991	or Qualified		
	lace of Business	2a. Mailing Address			4. FEI Number		P	Applied For
21 1848	Westphalia Strasse	26			37-0368620			Vot Applicable
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.			5. Certificate of Status	Desired		Additional
City & Stat		City & State						Required
23 Quinc	y IL	28			Election Campaign Trust Fund Contrib			0 May Be 1 to Fees
Zip 24 6 230	Country 25 USA	Zip 29	Country 30		This corporation ov Personal Property	•		ntangible No
	p. Name and Address of Curren	it Registered Agent		1	io. Name and Addres	s of New Regis	tered Agent	
TH	IE Pr entice-Hall Corporation	on System Inc.	81 Name)				
1201 HAYS STREET SUITE 105			82 Street	Address	(P.O. Box Number is I	Not Acceptable)		
	LLAHASSEE FL 32301		83					
	•		84 City				85 Zip	Code
			' '				FL '	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was au	uthorized by the cor	d corpora rporation	ition submits this stater is board of directors. I	ment for the purp hereby accept th	ose of changing ne appointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered age	ant and title it applicable (NOTE:	Registered Agent signature	re required w	han reinstating)		DATE	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	DCPS	☐ DELETE	1.1 TITLE	DCP.	S	T	Change Change	Addition
NAME	KNAPHEIDE, H.W. I		1.2 NAME	Knop	heide H.W. I	<i>L</i>		
STREET ADDRESS	436 SOUTH SIXTH ST.		1.3 STREET ADDRESS	1848	leide H.W. Il Westphalia	trasse		
CITY-ST-ZIP	QUINCY IL	T pereze	1.4 City - St - ZiP	Qui	ney 11 62	2301	9 16	L La avecan
TITLE	D COV ADTUUD ID	☐ DELETE	2.1 TITLE		,		K Change	Addition
NAME	COX, ARTHUR, JR.		2.2 NAME			.		
STREET ADDRESS	436 SOUTH SIXTH ST. QUINCY IL		2.3 STREET ADDRESS	1848	Westphalia	Strasse	=·'	
CITY-ST-ZIP TITLE	O O	DELETE	2.4 CITY-ST-ZIP 31 TITLE	┽┈		62301	X Change	☐ Addition
NAME	KELLER, GEORGE A., JR.	E-1 DELEVE	3.2 NAME	1			yan onange	
STREET ADDRESS	436 SOUTH SIXTH ST.		3 3 STREET ADDRESS	1841	8 Westphalia	Strasse		
CITY-ST-ZIP	QUINCY IL		3.4. CITY-ST-ZIP	' ' '		6230	1	
TITLE	V	DELETE	4.1 TITLE	 		6	≥ Change	Addition
NAME	KORB, GERALD W.		4. 2 NAME				-	
STREET ADDRESS	436 SOUTH SIXTH ST.		4.3 STREET ADDRESS	184	& Westphalia	Strasse		
CITY-ST-ZIP	QUINCY IL		4.4 CITY - ST - ZIP	1.0.7	o e co panin	623	01	
TITLE	D	☐ DELETÉ	5.1 TITLE	1				Addition
NAME	KNAPHEIDE, MARY M		5.2 NAME]				
STREET ADDRESS	436 SOUTH SIXTH ST.		5.3 STREET ADDRESS	1848	Westpholia	Strasse		
CITY-ST-ZIP	QUINCY FL		5.4 CITY-ST-ZIP		incy IL	62301		<u></u>
TITLE	V	☐ DELETE	6.1 TITLE		7		Change	Addition
NAME	BACKUS, DAVID A		6.2 NAME	10	2 Martal P.	General		
	ASB COULD CIVIL CT		E CAATOCET ADODESO	11746	(^	

14. I 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.

QUINCY IL

FILED

Mar 25 1998 8:00am

Secretary of State