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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V35246 (0)

1. Corporation Name
AUTOMOTIVE INDUSTRIAL RECOVERY SYSTEMS, INC.

Principal Place of Business	Mailing Address
ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD. OAK BROOK IL 60521 US	ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD. OAK BROOK IL 60521-1107 US

2. Principal Place of Business	2a. Mailing Address
21 3003 Butterfield Road	26 3003 Butterfield Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Oak Brook, IL	City & State 28 Oak Brook, IL
Zip 24 60521 Country 25 DuPage	Zip 29 60521 Country 30 DuPage

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 04/09/1996
4. FEI Number: 59-3121042 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISL RD.
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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	Assistant Secretary	☐ Change ☐ Addition
NAME	O'CONNOR, JAMES E		12 NAME	Jeffrey C. Everett	
STREET ADDRESS	3003 BUTTERFIELD RD.		13 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	OAK BROOK IL		14 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	VD	☐ DELETE	21 TITLE	Director	☐ Change ☐ Addition
NAME	FERGUSON, STEVEN D		22 NAME	Gerald R. Michaluk	
STREET ADDRESS	3003 BUTTERFIELD RD.		23 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	OAK BROOK IL 60521		24 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	D	☐ DELETE	31 TITLE	Director	☐ Change ☐ Addition
NAME	ARNOLD, MICHAEL A		32 NAME	John Van Gessel	
STREET ADDRESS	3003 BUTTERFIELD RD.		33 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	OAK BROOK IL 60521		34 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, STEVEN D.		42 NAME		
STREET ADDRESS	3003 BUTTEFIELD RD.		43 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL		44 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BIER, BARBARA L.		52 NAME		
STREET ADDRESS	3003 BUTTERFIELD RD.		53 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 1-16-97