


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

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

02-22-1999 90038 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 361676					
1. Corporation Name OLIVER-HOFFMANN CORP OF DEERFIELD BEACH					
Principal Place of Business 7S 251 OLESEN LANE % MCDERMOTT, WILL & EMERY NAPERVILLE IL 60540 US			Mailing Address 7S 251 OLESEN LANE % MCDERMOTT, WILL & EMERY NAPERVILLE IL 60540 US		
2. Principal Place of Business 21 7S 251 Olesen Lane Suite, Apt. #, etc. 22 City & State 23 Naperville, Illinois Zip 24 60540 Country 25 U. S. A.		2a. Mailing Address 26 7S 251 Olesen Lane Suite, Apt. #, etc. 27 City & State 28 Naperville, Illinois Zip 29 60540 Country 30 U. S. A.		3. Date Incorporated or Qualified 03/26/1970 4. FEI Number 36-2702994 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SIFF, STEVEN E MCDERMOTT, WILL & EMERY 201 SOUTH BISCAYNE BLVD MIAMI FL 33131-4336			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMANN, CAMILLE O		1.2 NAME		
STREET ADDRESS	7 S. 251 OLESEN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE IL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOPP, RAYMOND R		2.2 NAME		
STREET ADDRESS	7S 251 OLESEN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 00000		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMANN, PAUL W		3.2 NAME	Hoffmann, Camille O.	
STREET ADDRESS	7 S. 251 OLESEN LANE		3.3 STREET ADDRESS	7S 251 Olesen Lane	
CITY-ST-ZIP	NAPERVILLE IL		3.4 CITY-ST-ZIP	Naperville, IL 60540	
TITLE	VTD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULZ, ROBERT W		4.2 NAME		
STREET ADDRESS	7S 251 OLESEN LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 00000		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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, with all other like empowered.

SIGNATURE:  Robert W. Schulz, Vice President 1/15/99 (630) 357-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #