FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **524290** **(4)**

1. Corporation Name
PASLODE CORPORATION - FLORIDA

Principal Place of Business	Mailing Address
3600 WEST LAKE AVE. GLENVIEW IL 60025-1215	3600 WEST LAKE AVE. TAX DEPT. GLENVIEW IL 60025-1215 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1977	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1717392	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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's signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JENKINS, ROBERT H.	1.2 NAME	
STREET ADDRESS	3600 WEST LAKE AVENUE	1.3 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	1.4 CITY ST ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BUCKMAN, THOMAS W.	2.2 NAME	
STREET ADDRESS	3600 WEST LAKE AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	2.4 CITY ST ZIP	
TITLE	VPT	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MICHAEL J.	3.2 NAME	
STREET ADDRESS	3600 WEST LAKE AVE.	3.3 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	3.4 CITY ST ZIP	
TITLE	VPS	4.1 TITLE	☐ Change ☐ Addition
NAME	HUDNUT, STEWART S.	4.2 NAME	
STREET ADDRESS	3600 WEST LAKE AVE.	4.3 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	4.4 CITY ST ZIP	
TITLE	AT	5.1 TITLE	☐ Change ☐ Addition
NAME	GREGG, MICHAEL W.	5.2 NAME	
STREET ADDRESS	3600 WEST LAKE AVE.	5.3 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	5.4 CITY ST ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	MCGRATH, ROBERT V.	6.2 NAME	
STREET ADDRESS	3600 WEST LAKE AVE.	6.3 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	6.4 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)(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: Robert V. McGrath — Robert V. McGrath — Vice President, Tax — 4/19/95 — 708-724-7500
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Title — Daytime Phone #

0407745 FP