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 MAY -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 808326 (3)

1. Corporation Name
MILTON ROY COMPANY

Principal Place of Business	Mailing Address
4949 HARRISON AVENUE P O BOX 7003 ROCKFORD IL 61125-4003	4949 HARRISON AVENUE P O BOX 7003 ROCKFORD IL 61125-4003

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1950	3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-1281355	☐ 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
6. 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	THOMAS, PATRICK L	1.2 NAME	Edwin W. Laprade	
STREET ADDRESS	14845 WEST 64TH AVENUE	1.3 STREET ADDRESS	14845 West 64th Avenue	
CITY-ST-ZIP	ARVADA CO	1.4 CITY-ST-ZIP	Arvada, CO 80004	
TITLE	AT	2.1 TITLE		☐ Change ☐ Addition
NAME	TRAUBENBERG, NEIL D	2.2 NAME		
STREET ADDRESS	4949 HARRISON AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD IL	2.4 CITY-ST-ZIP		
TITLE	AT	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, JAMES R	3.2 NAME		
STREET ADDRESS	4949 HARRISON AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD IL	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	COOLE, WILLIAM R	4.2 NAME		
STREET ADDRESS	4949 HARRISON AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD IL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	RICKETTS, JAMES F	5.2 NAME		
STREET ADDRESS	4949 HARRISON AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD IL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHILLING, RICHARD M	6.2 NAME		
STREET ADDRESS	4949 HARRISON AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD 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: N.T. Traubenberg Neil D. Traubenberg Assistant Treasurer 4/28/95 (815) 226-6210
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400006 FN