

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

FILED  
Feb 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 814559 (1)

1. Corporation Name

FOOD MACHINERY AND CHEMICAL CORPORATION



Principal Place of Business

200 EAST RANDOLPH DRIVE  
CHICAGO IL 60601

Mailing Address

200 EAST RANDOLPH DRIVE  
CHICAGO IL 60601-8436

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1960		3a. Date of Last Report 04/04/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 84-1590873		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, C.M.	1.2 NAME	
STREET ADDRESS	200 E RANDOLPH DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO, IL 0	1.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWS, T.H.	2.2 NAME	
STREET ADDRESS	200 E RANDOLPH DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, NH	3.2 NAME	
STREET ADDRESS	200 E RANDOLPH DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	3.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, R.L.	4.2 NAME	
STREET ADDRESS	200 E RANDOLPH DR	4.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	4.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKAS, P.G.	5.2 NAME	
STREET ADDRESS	200 E RANDOLPH DR	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.G. BAKAS  
ASST. SECRETARY

Date

4/10/97

Daytime Phone #

312-861-6191

CR2E034 (9/96)