

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

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 817348 (6)
 1. Corporation Name
GEORGE S. MAY INTERNATIONAL COMPANY



Principal Place of Business 303 S. NORTHWEST HIGHWAY PARK RIDGE ILLINOIS 60068-4279	Mailing Address 303 S. NORTHWEST HIGHWAY PARK RIDGE ILLINOIS 60068-4232
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3. Date Incorporated or Qualified 09/13/1963	3a. Date of Last Report 05/01/1996
4. FEI Number 36-2516575	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, DONALD J.	1.2 NAME	
STREET ADDRESS	303 S NORTHWEST HWY	1.3 STREET ADDRESS	
CITY- ST- ZIP	PARK RIDGE IL	1.4 CITY- ST- ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DOROTHY MAY	2.2 NAME	
STREET ADDRESS	4 TRADEWINDS CIRCLE	2.3 STREET ADDRESS	
CITY- ST- ZIP	TEQUESTA FL	2.4 CITY- ST- ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECH, JEAN MAY	3.2 NAME	
STREET ADDRESS	MNTGATE 2170 RIDGE DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	3.4 CITY- ST- ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, ROY S.	4.2 NAME	
STREET ADDRESS	2805 ASHTON CT.	4.3 STREET ADDRESS	
CITY- ST- ZIP	WESTCHESTER IL	4.4 CITY- ST- ZIP	
TITLE	FAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANO, JOSEPH M.	5.2 NAME	
STREET ADDRESS	1439 WOODHILL DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK 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: Roy S. Matthews **ROY S. MATTHEWS - V.P. FINANCE 4-16-97 (847) 825-8806**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)