

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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90092 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 817348

1. Corporation Name
GEORGE S. MAY INTERNATIONAL COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**303 S. NORTHWEST HIGHWAY
 PARK RIDGE ILLINOIS 60068-4279**

Mailing Address
**303 S. NORTHWEST HIGHWAY
 PARK RIDGE ILLINOIS 60068-4279**

3. Date Incorporated or Qualified
09/13/1963

4. FEI Number
36-2516575 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLETCHER, DONALD J.	
STREET ADDRESS	303 S NORTHWEST HWY	
CITY-ST-ZIP	PARK RIDGE IL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DOROTHY MAY	
STREET ADDRESS	4 TRADEWINDS CIRCLE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RECH, JEAN MAY	
STREET ADDRESS	MNTGATE 2170 RIDGE DR.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	MATTHEWS, ROY S.	
STREET ADDRESS	2805 ASHTON CT.	
CITY-ST-ZIP	WESTCHESTER IL	
TITLE	FAS	<input type="checkbox"/> DELETE
NAME	ANO, JOSEPH M.	
STREET ADDRESS	1439 WOODHILL DR.	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Roy S. Matthews, VP Finance*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 877-825-8806
 Date Daytime Phone #

CR2E034 (1.1/98)