

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **819656**  
1. Corporation Name  
**GEORGE M. O'NEILL CORPORATION**

Principal Place of Business  
**1397 TIMBER DR.  
ELGIN IL 60123  
US**

Mailing Address  
**1250 LARKIN AVE  
STE 100  
ELGIN IL 60123  
US**

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90002 045 \*\*\*550.00

597008 - 90002 - 85

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/01/1966**

4. FEI Number

**36-2583732**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CTD	<input type="checkbox"/> DELETE
NAME	O'NEILL, GEORGE M.	
STREET ADDRESS	1397 TIMBER DR	
CITY-ST-ZIP	ELGIN IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'NEILL, CHARLOTTE F.	
STREET ADDRESS	1397 TIMBER DR.	
CITY-ST-ZIP	ELGIN IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOEDERT, GEORGE	
STREET ADDRESS	1397 TIMBER DR.	
CITY-ST-ZIP	ELGIN IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'NEILL, FURMAN	
STREET ADDRESS	1397 TIMBER DR.	
CITY-ST-ZIP	ELGIN IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
3.2 NAME	Assistant Secretary
3.3 STREET ADDRESS	Patricia O'Neill
3.4 CITY-ST-ZIP	1397 Timber Drive
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elgin, Illinois 60123
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.

SIGNATURE: **SIGNATURE REQUIRED**

July 6, 1999 847-697-0110

CR2E034 (5/99)

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