

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819858

(2)

1. Corporation Name

ROBERT W. HUNT COMPANY.

Principal Place of Business

580 WATERS EDGE
S210
LOMBARD IL 60148
US

Mailing Address

580 WATERS EDGE
S210
LOMBARD IL 60148
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current 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

3. Date Incorporated or Qualified

09/07/1966

3a. Date of Last Report

05/01/1995

4. FET Number

36-1246170

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 has liability for intangible tax under s. 190.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Executive Officer or Director

Signature of Registered Agent

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

COB
ROBINSON, R C
901 E WILLOW ST
WHEATON, IL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

EVP
BRAY, A J
1037 SHERIDAN RD
WILMETTE, IL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VGM
BIANK, D V
6317 MEYER ROAD
DOWNERS GROVE, IL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TDS
MASDEN, A L
13022 OAK CRT
PALOS HGTS, IL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE ☐ Change ☐ Addition
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25. TITLE ☐ Change ☐ Addition
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29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
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37. TITLE ☐ Change ☐ Addition
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80. CITY-STATE-ZIP
81. TITLE ☐ Change ☐ Addition
82. NAME
83. STREET ADDRESS
84. CITY-STATE-ZIP
85. TITLE ☐ Change ☐ Addition
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP
89. TITLE ☐ Change ☐ Addition
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP
93. TITLE ☐ Change ☐ Addition
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. L. MASDEN 4/19/96 7086914333

CR2E034 (12/95)