


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

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Mar 18 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 # 824272 (9) 1. Corporation Name MATHEWS EQUIPMENT CO.			
Principal Place of Business 500 INDUSTRIAL AVE CRYSTAL LAKE IL 60012-3684		Mailing Address 500 INDUSTRIAL AVE CRYSTAL LAKE IL 60012-3684	
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 03/24/1970		3a. Date of Last Report 03/19/1996	
4. FEI Number 36-2557918		Applied For 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			
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 PD	NAME GILLUND, RONALD D.	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 500 INDUSTRIAL AVE CRYSTAL LAKE IL	<input checked="" type="checkbox"/> DELETE	1.2 NAME Lawrence J. Antos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 500 Industrial Avenue	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	NAME MATHEWS, DAVID L.	1.4 CITY - ST - ZIP Crystal Lake, IL 60012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 500 INDUSTRIAL AVE CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	2.1 TITLE Only a Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	2.2 NAME Only a Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	NAME MATHEWS, VIOLET	2.3 STREET ADDRESS Only a Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 500 INDUSTRIAL AVE CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP Only a Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	3.1 TITLE Only a Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPTD	NAME SEDLACK, JUDITH	3.2 NAME Only a Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 500 INDUSTRIAL AVE. CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS Only a Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP Only a Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	NAME JUDITH A. GALLITZ	4.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 500 INDUSTRIAL AVE CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	4.2 NAME Judith A. Gallitz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 500 Industrial Avenue	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD	NAME JEFFREY L. SEDLACK & DEBORAH L. BATTERHAM	4.4 CITY - ST - ZIP Crystal Lake, IL 60012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 500 INDUSTRIAL AVE CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	5.1 TITLE Directors Only	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	5.2 NAME Jeffrey L. Sedlack & Deborah L. Batterham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD	NAME JEFFREY L. SEDLACK & DEBORAH L. BATTERHAM	5.3 STREET ADDRESS 500 Industrial Avenue	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 500 INDUSTRIAL AVE CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP Crystal Lake, IL 60012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	6.1 TITLE Directors Only	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD	NAME JEFFREY L. SEDLACK & DEBORAH L. BATTERHAM	6.2 NAME Jeffrey L. Sedlack & Deborah L. Batterham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 500 INDUSTRIAL AVE CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS 500 Industrial Avenue	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP CRYSTAL LAKE IL	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP Crystal Lake, IL 60012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition



SIGNATURE:

Lawrence J. Antos **LAURENCE J. ANTOS**

3/6/97

815-489-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0481816

CR2E034 (9/96)