

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1970	
21		26	P.O. Box 70	4. FEI Number 36-2557918	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State Crystal Lake, IL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip 60039-0070	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country USA		

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

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOS, LAWRENCE J	1.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, DAVID L.	2.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, VIOLET	3.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	3.4 CITY-ST-ZIP	
TITLE	VPTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDLACK, JUDITH	4.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALITZ, JUDITH A	5.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDLACK, JEFFREY L	6.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	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: *Lawrence J. Antos* President 4/1/98 815-459-2210

CR2E034 (10/97)