

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

3. Date Incorporated or Qualified  
03/24/1970

4. FEI Number  
36-2557918  
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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 70  
Suite, Apt. #, etc.

27 City & State

28 Crystal Lake, IL  
Zip Country

29 60039-0070 30 USA

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 P  
NAME ANTOS, LAWRENCE J  
STREET ADDRESS 500 INDUSTRIAL AVE  
CITY-ST-ZIP CRYSTAL LAKE IL ☐ DELETE

TITLE CD  
NAME MATHEWS, DAVID L.  
STREET ADDRESS 500 INDUSTRIAL AVE  
CITY-ST-ZIP CRYSTAL LAKE IL ☐ DELETE

TITLE D  
NAME MATHEWS, VIOLET  
STREET ADDRESS 500 INDUSTRIAL AVE  
CITY-ST-ZIP CRYSTAL LAKE IL ☐ DELETE

TITLE VPTD  
NAME SEDLACK, JUDITH  
STREET ADDRESS 500 INDUSTRIAL AVE.  
CITY-ST-ZIP CRYSTAL LAKE IL ☐ DELETE

TITLE S  
NAME GALITZ, JUDITH A  
STREET ADDRESS 500 INDUSTRIAL AVE  
CITY-ST-ZIP CRYSTAL LAKE IL ☐ DELETE

TITLE D  
NAME SEDLACK, JEFFREY L  
STREET ADDRESS 500 INDUSTRIAL AVE  
CITY-ST-ZIP CRYSTAL LAKE IL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

President 4/1/98

815-459-2210

CR2E034 (10/97)