

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90154 028 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 824272**

1. Corporation Name  
**MATHEWS EQUIPMENT CO.**

Principal Place of Business  
**500 INDUSTRIAL AVE  
 CRYSTAL LAKE IL 60012-3684**

Mailing Address  
**P. O. BOX 70  
 CRYSTAL LAKE IL 60039-0070  
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/24/1970</b>	
4. FEI Number <b>36-2557918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ANTOS, LAWRENCE J</b>
STREET ADDRESS	<b>500 INDUSTRIAL AVE</b>
CITY-ST-ZIP	<b>CRYSTAL LAKE IL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>MATHEWS, DAVID L.</b>
STREET ADDRESS	<b>500 INDUSTRIAL AVE</b>
CITY-ST-ZIP	<b>CRYSTAL LAKE IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MATHEWS, VIOLET</b>
STREET ADDRESS	<b>500 INDUSTRIAL AVE</b>
CITY-ST-ZIP	<b>CRYSTAL LAKE IL</b>
TITLE	<b>VPTD</b> <input type="checkbox"/> DELETE
NAME	<b>SEDLACK, JUDITH</b>
STREET ADDRESS	<b>500 INDUSTRIAL AVE.</b>
CITY-ST-ZIP	<b>CRYSTAL LAKE IL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GALITZ, JUDITH A</b>
STREET ADDRESS	<b>500 INDUSTRIAL AVE</b>
CITY-ST-ZIP	<b>CRYSTAL LAKE IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SEDLACK, JEFFREY L</b>
STREET ADDRESS	<b>500 INDUSTRIAL AVE</b>
CITY-ST-ZIP	<b>CRYSTAL LAKE IL</b>

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence J. Antos* (Lawrence J. Antos President 3/5/99 815-459-2210  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

100311

CR2E034 (11/98)