

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90003 016 ***150.00

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1. Entity 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**

54025835



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2557918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTOS, LAWRENCE J 500 INDUSTRIAL AVE CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MATHEWS, DAVID L. 500 INDUSTRIAL AVE CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, VIOLET 500 INDUSTRIAL AVE CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SEDLACK, JUDITH 500 INDUSTRIAL AVE. CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALITZ, JUDITH A 500 INDUSTRIAL AVE CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDLACK, JEFFREY L 500 INDUSTRIAL AVE CRYSTAL LAKE, IL

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #