
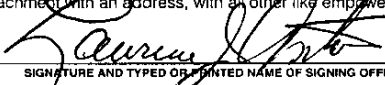


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90265 047 \*\*\*150.00

DOCUMENT # 824272					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-2557918	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT-CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTOS, LAWRENCE J		NAME		
STREET ADDRESS	500 INDUSTRIAL AVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL LAKE, IL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEWS, DAVID L.		NAME		
STREET ADDRESS	500 INDUSTRIAL AVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL LAKE, IL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEWS, VIOLET		NAME		
STREET ADDRESS	500 INDUSTRIAL AVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL LAKE, IL		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEDLACK, JUDITH		NAME		
STREET ADDRESS	500 INDUSTRIAL AVE.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL LAKE, IL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALITZ, JUDITH A		NAME		
STREET ADDRESS	500 INDUSTRIAL AVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL LAKE, IL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEDLACK, JEFFREY L		NAME		
STREET ADDRESS	500 INDUSTRIAL AVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL LAKE, IL		CITY-ST-ZIP		
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 #	