FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 827369 (0)

1. Corporation Name

B-LINE SYSTEMS, INC.)

Principal Place of Business	Mailing Address
PO BOX 326 509 W. MONROE HIGHLAND IL 62249-1331	PO BOX 326 509 W. MONROE HIGHLAND IL 62249-1331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1972
3a. Date of Last Report: 06/02/1994
4. FEI Number: 37-0924173 ☐ Applied For ☐ Not Applicable

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

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	CEO/D [X] Change ☐ Addition
NAME	WORLEY, FLOYD L.	12 NAME	
STREET ADDRESS	509 WEST MONREE ST	13 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	S [X] Change ☐ Addition
NAME	KASKOWITZ, JEROME	22 NAME	
STREET ADDRESS	168 MERAMAC	23 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CORRAY, C.W.	32 NAME	
STREET ADDRESS	509 W MONROE	33 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	T [X] Change ☐ Addition
NAME	GLIECH, PETER	42 NAME	TALLARICO, THOMAS
STREET ADDRESS	3050 SPRUCE	43 STREET ADDRESS	3050 SPRUCE
CITY-ST-ZIP	ST LOUIS, MO 00000	44 CITY-ST-ZIP	ST. LOUIS, MO 63103
TITLE	P	51 TITLE	P/D [X] Change ☐ Addition
NAME	BRIGGS, THOMAS E	52 NAME	
STREET ADDRESS	509 W MONROE	53 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CORI, CARL T	62 NAME	
STREET ADDRESS	3050 SPRUCE	63 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] C. WILLIAM CORRAY 4/26/95 (618) 654-2184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0400767 FN