

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
01/24/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

37-0924173

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 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

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

(NOTE: Registered Agent signature required when run/stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WORLEY, FLOYD L.	
STREET ADDRESS	509 WEST MONREE ST	
CITY-ST-ZIP	HIGHLAND IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KASKOWITZ, JEROME	
STREET ADDRESS	168 MERAMAC	
CITY-ST-ZIP	ST LOUIS, MO 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CORRAY, C.W.	
STREET ADDRESS	509 W MONROE	
CITY-ST-ZIP	HIGHLAND IL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TALLARICO, THOMAS	
STREET ADDRESS	3050 SPRUCE	
CITY-ST-ZIP	ST LOUIS, MO 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRIGGS, THOMAS E	
STREET ADDRESS	509 W MONROE	
CITY-ST-ZIP	HIGHLAND IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORI, CARL T	
STREET ADDRESS	3050 SPRUCE	
CITY-ST-ZIP	ST LOUIS, MO 00000	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	GOLDSCHMIDT, JOHN
4.4 CITY-ST-ZIP	509 WEST MONROE HIGHLAND, IL 62249
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 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: *John C. Goldschmidt* JOHN C. GOLDSCHMIDT

4/16/96

(618) 654-2184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)