

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 # **829457** (1)
1. Corporation Name
ERSHIGS, INC.



Principal Place of Business: **742 MARINE DRIVE P.O. BOX 1707 BELLINGHAM WA 98227-8707**
Mailing Address: **742 MARINE DRIVE P.O. BOX 1707 BELLINGHAM WA 98227-8707**

3. Date Incorporated or Qualified: **02/06/1973**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **91-0655652**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
Country: 28
Zip: 29
Country: 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ERSHIG, A HERBERT	
STREET ADDRESS	742 MARINE DR	
CITY-ST-ZIP	BELLINGHAM, WASH 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PICKERING, FRANK H	
STREET ADDRESS	742 MARINE DRIVE	
CITY-ST-ZIP	BELLINGHAM WA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BECKER, ROBERT E.	
STREET ADDRESS	742 MARINE DR	
CITY-ST-ZIP	BELLINGHAM WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALKIN, LEWIS	
STREET ADDRESS	800 JORIE BOULEVARD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAPF, S. A	
STREET ADDRESS	800 JORIE BOULEVARD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCABE, JACK	
STREET ADDRESS	800 JORIE BLVD.	
CITY-ST-ZIP	OAK BROOK IL 60522	

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 checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	TORROR, CHARLOTTE
4.4 CITY-ST-ZIP	800 JORIE BOULEVARD OAK BROOK IL
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: Robert E. Becker 4/25/96 360-797-2620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)