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 # **829738** **(4)**

1. Corporation Name

L.R. NELSON CORPORATION

Principal Place of Business	Mailing Address
ONE SPRINKLER LANE PEORIA IL 61615 US	ONE SPRINKLER LANE PEORIA IL 61615 US

3. Date Incorporated or Qualified: **03/23/1973**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **04-2498923** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 **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(S) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	RISK, FRED J		1.2 NAME	RISK, FRED J	
STREET ADDRESS	8900 N KEYSTONE		1.3 STREET ADDRESS	2373 GULF SHORE BLVD N.	
CITY, ST, ZIP	INDIANAPOLIS IN		1.4 CITY, ST, ZIP	NAPLES, FLORIDA 33940	
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BIKALES, NORMAN		2.2 NAME		
STREET ADDRESS	ONE POST OFFICE SQUARE		2.3 STREET ADDRESS		
CITY, ST, ZIP	BOSTON MA		2.4 CITY, ST, ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FICHTHORN, LUKE		3.2 NAME		
STREET ADDRESS	514 HOLLOW TREE RD		3.3 STREET ADDRESS		
CITY, ST, ZIP	DARIEN CT		3.4 CITY, ST, ZIP		
TITLE	DP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, NICK		4.2 NAME		
STREET ADDRESS	8830 W PLANK RD		4.3 STREET ADDRESS		
CITY, ST, ZIP	HANNA CITY IL		4.4 CITY, ST, ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MACLEAN, BARRY		5.2 NAME		
STREET ADDRESS	1000 ALLANSON RD		5.3 STREET ADDRESS		
CITY, ST, ZIP	MUNDELEIN IL		5.4 CITY, ST, ZIP		
TITLE	CDT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RANSBURG, DAVID P		6.2 NAME		
STREET ADDRESS	509 E HIGH POINT RD		6.3 STREET ADDRESS		
CITY, ST, ZIP	PEORIA IL		6.4 CITY, ST, ZIP		

CR2E034 (12/95)

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)(i), 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: R.J. Busam SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R.J. BUSAM (CONTROLLER) 1/26/96 DATE 309 692 2200 DAYTIME PHONE #