

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90008 008 ***150.00

DOCUMENT # 832909

1. Corporation Name

DUO-FAST CORPORATION

Principal Place of Business

13951 S QUALITY DR
HUNTLEY IL 60142
US

Mailing Address

1395 S. QUALITY DR
HUNTLEY IL 60142
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1974

4. FEI Number

36-1061748

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **13951 S. QUALITY DR.**

26 **13951 S. QUALITY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **HUNTLEY, IL**

Zip Country

24 **60142** 25

City & State

28 **HUNTLEY, IL**

Zip Country

29 **60142** 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	BOHAN, ROBERT D.	
STREET ADDRESS	3702 RIVER ROAD	
CITY-ST-ZIP	FRANKLIN PARK, ILL 0	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRIMLEY, ROBERT G	
STREET ADDRESS	3702 RIVER ROAD	
CITY-ST-ZIP	FRANKLIN PARK, ILL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEROUX, FRANCIS A	
STREET ADDRESS	1280 AVALON COURT	
CITY-ST-ZIP	WHEATON IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TORSTENSON, ROBERT H	
STREET ADDRESS	3702 RIVER RD	
CITY-ST-ZIP	FRANKLIN PK, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. GRIMLEY 3-5-99 (847) 669-7300

Date

Daytime Phone #

CR2E034 (1/98)