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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 836389

(7)

LINDBERG CORPORATION

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Principal Place of Business	Mailing Address	THE HALL HALL HALL HALL HALL HALL HALL HA
8183 North River Road Suite 700 Rosemont II. 60018	6133 NORTH RIVER ROAD SUITE 700 ROSEMONT IL 60018-5174	

FILED Apr 24 1997 8:00am Secretary of State

85 Zip Codo



83 84 City

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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 profiled name of registered agent and tear if applicable (NOTE Begistered Agent signature required when reconsisting) OATE									
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IS IN 12			
TITLE	D	DELETE	1.1 T(1LE	Т	Change	X Addition			
NAME	DECKER, RAYMOND F.		1.2 NAME	-					
STREET ADDRESS	6133 NORTH RIVER ROAD		1.3 STREET ADDRESS	Brian J McInerney		ì			
CITY-ST-ZIP	ROSEMONT IL		1,4 City - ST - ZIP	6133 N River Rd, Rosemont,	11.	-			
TITLE	D	DELETE	2.1 TITLE		Change	Addition			
NAME	SCHANCK, J THOMAS		2 2 NAME	}					
STREET ADDRESS	6133 NORTH RIVER ROAD		2.3 STREET ADDRESS			į			
CITY-ST-ZIP	ROSEMONT IL		2 4 CITY-ST-ZIP						
TITLE	Vī	DELETE	3.1 THLE	vs	X Change	Addition			
NAME	PENLEY STEPHEN S.		3.2 NAME			- 1			
STREET ADDRESS	6133 NORTH RIVER ROAD		3.3 STREET ADDRESS			}			
CITY-ST-ZIP	ROSEMONT IL		3.4. CITY - ST - 71P						
TITLE	CD	☐ DELETE	4 1 117LE		Change	Addition			
NAME	BODEEN, GEORGE H		. 4. 2 NAME			Ì			
STREET ADDRESS	6133 NORTH RIVER ROAD		4.3 STREET ADDRESS			ŀ			
CITY-ST-ZIP	ROSEMONT IL		44 CHY-S1-ZIP]			
TITLE	PD	☐ DELÉTE	51 THILE		☐ Change	Addition			
NAME [THOMPSON, L.G.		5.2 NAME	[Į			
STREET ADDRESS	6133 NORTH RIVER ROAD		5.3 STREET ADDRESS						
CITY-ST-ZIP	ROSEMONT IL		5.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	6.1 TOLE		Change	Addition			
NAME	PUTH, JOHN W.		6.2 NAME			ł			
STREET ADDRESS	6133 NORTH RIVER ROAD		63 STHEET ADDRESS						
CITY-ST-ZIP	ROSEMONT IL		6.4 CITY - ST - ZIP			}			

I do 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 eath; 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:

(847/875-71) 1 EUR.