

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90106 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838126

1. Corporation Name

SCHIRMER ENGINEERING CORPORATION

Principal Place of Business

707 LAKE COOK RD
DEERFIELD IL 60015-1997

Mailing Address

707 LAKE COOK RD
DEERFIELD IL 60015-1997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1977

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24
25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29
30
4. FEI Number
36-2531450
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

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 **SARAH MAMAN c/o SCHIRMER ENGINEERING**
82 Street Address (P.O. Box Number is Not Acceptable) **16375 NE 18th AVE SUITE 323**
83
84 City **NORTH MIAMI BEACH FL** **85 Zip Code** **33162**

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)

5/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BALDASSARRA, CARL F	
STREET ADDRESS	707 LAKE COOK ROAD	
CITY-ST-ZIP	DEERFIELD IL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NUGENT, DAVID P	
STREET ADDRESS	707 LAKE COOK RD.	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCHHOLZ, MARK L	
STREET ADDRESS	707 LAKE COOK RD	
CITY-ST-ZIP	DEERFIELD ILL 60015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, THOMAS J	
STREET ADDRESS	707 LAKE COOK ROAD	
CITY-ST-ZIP	DEERFIELD IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARD G. GOODLOE	
STREET ADDRESS	707 LAKE COOK ROAD	
CITY-ST-ZIP	DEERFIELD IL	
TITLE	TS.	<input type="checkbox"/> DELETE
NAME	ZALESKI, CRAIG	
STREET ADDRESS	707 LAKE COOK ROAD	
CITY-ST-ZIP	DEERFIELD IL 60015	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

847-272-8340

Daytime Phone #

CR2E034 (11/98)