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

DOCUMENT # 848007

1. Corporation Name
RYCOLINE PRODUCTS, INC.

Principal Place of Business	Mailing Address
5540 NORTHWEST HIGHWAY CHICAGO IL 60630-1116	5540 NORTHWEST HIGHWAY CHICAGO IL 60630-1116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/21/1981	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-3102238	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip Country 24 25	Zip Country 29 30	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	10. Name and Address of New Registered Agent
PALMER, CHARLES L. 312 SW 17TH ST STE 300 FORT LAUDERDALE FL 33302	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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	PALMER, CHARLES		1.2 NAME		
STREET ADDRESS	312 SW 17TH ST STE 300		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	ROCHE, JAMES M.		2.2 NAME		
STREET ADDRESS	111 W MONROE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	DIDOMENICO, VICTORIA		3.2 NAME		
STREET ADDRESS	3608 N FALCON CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	ANDERSON, GARY A.		4.2 NAME		
STREET ADDRESS	1124 WIND ENERGY PASS		4.3 STREET ADDRESS		
CITY-ST-ZIP	BATAVIA IL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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___ Gary Anderson   4/27/99   (773) 775-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)