FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850013** **(4)**

1. Corporation Name
JOHN SEXTON & CO.

Principal Place of Business	Mailing Address
1050 WARRENVILLE RD. LISLE IL 60532-2201	1050 WARRENVILLE RD. LISLE IL 60532-2201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/11/1981**
3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **36-3114370** ☐ 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

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 _____
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	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	VAN STEKELENBURG, MARK	1.2 NAME	GARY L. COOPER	
STREET ADDRESS	1050 WARRENVILLE RD.	1.3 STREET ADDRESS	1050 WARRENVILLE ROAD	
CITY-ST-ZIP	LISLE IL	1.4 CITY-ST-ZIP	LISLE, IL 60532	
TITLE	SD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SELL, NEIL I.	2.2 NAME	VAN STEKELENBURG, MARK	
STREET ADDRESS	1050 WARRENVILLE RD.	2.3 STREET ADDRESS	1050 WARRENVILLE RD.	
CITY-ST-ZIP	LISLE IL	2.4 CITY-ST-ZIP	LISLE, IL 60532	
TITLE	T	3.1 TITLE	T/D	☒ Change ☒ Addition
NAME	DEMATTEO, GERALD E	3.2 NAME	MARTIN, RICHARD J.	
STREET ADDRESS	1050 WARRENVILLE RD.	3.3 STREET ADDRESS	1050 WARRENVILLE Rd.	
CITY-ST-ZIP	LISLE IL	3.4 CITY-ST-ZIP	LISLE, IL 60532	
TITLE	P	4.1 TITLE	✓	☒ Change ☒ Addition
NAME	FEATHER, HAROLD E.	4.2 NAME	ADAMS, CHRIS G	
STREET ADDRESS	1050 WARRENVILLE RD.	4.3 STREET ADDRESS	1050 WARRENVILLE Rd.	
CITY-ST-ZIP	LISLE IL	4.4 CITY-ST-ZIP	LISLE IL 60532	
TITLE	V	5.1 TITLE	✓	☒ Change ☒ Addition
NAME	CAMPBELL, THOMAS V.	5.2 NAME	CHANEZ, VICTOR A.	
STREET ADDRESS	1050 WARRENVILLE RD.	5.3 STREET ADDRESS	1050 WARRENVILLE Rd.	
CITY-ST-ZIP	LISLE IL	5.4 CITY-ST-ZIP	LISLE, IL 60532	
TITLE		6.1 TITLE	✓	☐ Change ☒ Addition
NAME		6.2 NAME	KENNY, KEVIN	
STREET ADDRESS		6.3 STREET ADDRESS	1050 WARRENVILLE Rd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LISLE, IL 60532	

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)(k), 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: _____ (708)964-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477049 FP